



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO INSPIRE HOPE AND CONTRIBUTE TO HEALTH AND WELL-BEING BY PROVIDING THE BEST CARE TO EVERY PATIENT THROUGH INTEGRATED CLINICAL PRACTICE, EDUCATION, AND RESEARCH

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code ) (Expenses \$ 100,164,654 including grants of \$ 1,728,158 ) (Revenue \$ 22,764,534 )
	See Additional Data

<b>4b</b>	(Code ) (Expenses \$ 160,963,507 including grants of \$ 10,668,466 ) (Revenue \$ 989,471 )
	See Additional Data

<b>4c</b>	(Code ) (Expenses \$ 7,660,327,410 including grants of \$ 5,457,434 ) (Revenue \$ 8,278,457,316 )
	See Additional Data

(Code ) (Expenses \$ 1,326,373,219 including grants of \$ 1,326,373,219 ) (Revenue \$ 2,286,636,673 )
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OTHER PROGRAM SERVICES SOME SUBORDINATES WITHIN THE GROUP MAKE THE RESEARCH AND TECHNOLOGY DEVELOPED THROUGHOUT MAYO CLINIC AVAILABLE TO THE PUBLIC THIS IS ACCOMPLISHED THROUGH LICENSING ARRANGEMENTS WITH OTHERS HAVING THE CAPABILITY TO DISTRIBUTE THE TECHNOLOGY TO THE MEDICAL COMMUNITY AND THE GENERAL PUBLIC IN EXCHANGE FOR THESE LICENSES, THE SUBORDINATES RECEIVE ROYALTIES BASED ON GROSS REVENUES GENERATED FROM THE PRODUCTS DEVELOPED FROM THE LICENSED TECHNOLOGY OR INVENTION THE SUBORDINATES ALSO LEASED SPACE AND PROVIDED SUPPORT SERVICES TO AFFILIATED ORGANIZATIONS TO HELP FURTHER THEIR EXEMPT PURPOSE OF PROVIDING PATIENT CARE THESE SUPPORT OR SHARED SERVICES INCLUDE PAYROLL, PURCHASING, SALARY & BENEFIT ADMINISTRATION, FINANCE, LEGAL AND OTHER MISCELLANEOUS SUPPORT SERVICES

<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ 1,326,373,219 including grants of \$ 1,326,373,219 ) (Revenue \$ 2,286,636,673 )

<b>4e</b>	<b>Total program service expenses</b> ▶ 9,247,828,790
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b> Yes	
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b> Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b> Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	Yes	
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		No
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b>	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>28c</b>	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . .	Yes	
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	



<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	51,740	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ►MX, GM, UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI ☒

### Section A. Governing Body and Management

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	219		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	53		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		No
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	Yes	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		No
<b>b</b>	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: AZ, FL, CA, KY, MN, WI, AL, WA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ►CORPORATE TAX 200 FIRST STREET SW ROCHESTER, MN 55905 (507) 538-1297

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

**Part VII      Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	106,908,921	25,561,880	15,232,198

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8,432

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	<b>5</b>	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RIGHT SOURCING INC 2 EXECUTIVE CIRCLE STE 210 IRVINE, CA 92614	WORKFORCE SUPPORT SERVICES	108,864,063
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	MEDICAL & SUPPORT SERVICES	99,676,736
MORRISON MANAGEMENT SPECIALIST 400 NORTHRIDGE RD STE 600 SANDY SPRINGS, GA 30350	FOOD SERVICES	68,209,395
THE ROBINS & MORTON GROUP 5021 CARDINAL ST TRUSSVILLE, AL 35173	CONSTRUCTION SERVICES	33,411,755
MCGOUGH CONSTRUCTION COMPANY 2737 FAIRVIEW AVE NORTH ST PAUL, MN 55113	CONSTRUCTION SERVICES	33,208,318

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1,175</p>	
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Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Contributions, Gifts, Grants and Other Similar Amounts

		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . . . .	1a	35,091		
b	Membership dues . . . . .	1b	4,270		
c	Fundraising events . . . . .	1c	39,800		
d	Related organizations . . . . .	1d	374,178,342		
e	Government grants (contributions) . . . . .	1e	72,020,440		
f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	38,095,139		
g Noncash contributions included in lines 1a - 1f \$ . . . . .					
h Total. Add lines 1a-1f . . . . .		484,373,082			

Program Service Revenue

		Business Code				
2a	NET PATIENT REVENUE	620000	8,243,319,626	8,227,448,059	15,871,567	
b	SHARED SERVICES	561000	2,215,584,752	2,207,174,206	6,880,719	1,529,827
c	ROYALTY REVENUE	541900	71,017,661	71,017,661		
d	EDUCATION REVENUE	611600	22,764,534	22,764,534		
e	RESEARCH REVENUE	541700	989,471	960,471	29,000	
f All other program service revenue . . . . .			34,260	34,260		
g Total. Add lines 2a-2f . . . . .		10,553,710,304				

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) . . . . .		95,892,410		-291,092	96,183,502	
4	Income from investment of tax-exempt bond proceeds . . . . .						
5	Royalties . . . . .						
6a	(i) Real						
	(ii) Personal						
	4,878,407						476,212
	476,212						
b	Less rental expenses	400,204	262,750				
c	Rental income or (loss)	4,478,203	213,462				
d	Net rental income or (loss) . . . . .		4,691,665		213,462	4,478,203	
7a	(i) Securities						
	(ii) Other						
	2,567,901						10,475,666
	10,475,666						
b	Less cost or other basis and sales expenses	2,196,390	13,104,987				
c	Gain or (loss)	371,511	-2,629,321				
d	Net gain or (loss) . . . . .		-2,257,810			-2,257,810	
8a	Gross income from fundraising events (not including \$ 39,800 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a	32,655					
	b	0					
c	Net income or (loss) from fundraising events . . . . .		32,655			32,655	
9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
	a						
	b						
c	Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
	a	6,657,263					
	b	2,858,174					
c	Net income or (loss) from sales of inventory . . . . .		3,799,089		1,608,620	2,190,469	
Miscellaneous Revenue		Business Code					
11a	CAFETERIA/VENDING	722310	28,133,963	28,133,963			
b	MISC CONSULTING	541610	6,820,037	2,376,060	4,231,560	212,417	
c	MISC REVENUE	900099	4,250,837	2,833,079	268,499	1,149,259	
d	All other revenue . . . . .		3,050,440	1,794,588	165,000	1,090,852	
e Total. Add lines 11a-11d . . . . .		42,255,277					
12 Total revenue. See Instructions . . . . .		11,182,496,672					

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,342,177,536	1,342,177,536		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	1,947,327	1,947,327		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	102,414	102,414		
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	79,872,933	49,094,706	30,778,227	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	38,666,735	32,713,814	5,880,599	72,322
<b>7</b> Other salaries and wages.	3,262,408,407	2,786,439,740	474,422,183	1,546,484
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	254,677,625	216,952,629	37,604,587	120,409
<b>9</b> Other employee benefits.	459,950,794	392,846,331	66,886,433	218,030
<b>10</b> Payroll taxes.	233,537,493	199,465,569	33,961,219	110,705
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	7,972,335	613,144	7,357,742	1,449
<b>c</b> Accounting.	2,576,466	447,099	2,125,367	4,000
<b>d</b> Lobbying.	1,787,237	1,787,237		
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	40,489		40,489	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,366,271,353	1,828,214,375	537,635,914	421,064
<b>12</b> Advertising and promotion.	14,643,019	2,420,414	12,210,052	12,553
<b>13</b> Office expenses.	550,156,942	511,376,840	38,589,397	190,705
<b>14</b> Information technology.	186,071,605	28,260,223	157,811,382	
<b>15</b> Royalties.	24,574,735	327,330	24,247,202	203
<b>16</b> Occupancy.	126,618,696	20,137,702	106,476,359	4,635
<b>17</b> Travel.	45,359,174	36,016,025	9,336,692	6,457
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	2,754,472	2,285,701	468,609	162
<b>20</b> Interest.	16,879,138	12,553,064	4,326,074	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	377,080,678	283,991,585	93,089,093	
<b>23</b> Insurance.	19,043,616	18,513,126	530,490	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES	1,157,712,569	1,157,712,569		
<b>b</b> BAD DEBT EXPENSE	187,980,611	187,526,099	454,512	
<b>c</b> UNRELATED BUSINESS TAX	1,039,623	1,026,066	13,557	
<b>d</b> MEDICAID SURCHARGE	58,973,890	58,973,890		
<b>e</b> All other expenses	86,379,076	73,906,235	12,468,447	4,394
<b>25</b> Total functional expenses. Add lines 1 through 24e.	10,907,256,988	9,247,828,790	1,656,714,626	2,713,572
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		576,047,758	<b>1</b>	446,855,279
	<b>2</b>	Savings and temporary cash investments . . . . .		2,484,603	<b>2</b>	2,399,508
	<b>3</b>	Pledges and grants receivable, net . . . . .		122,856,651	<b>3</b>	150,194,534
	<b>4</b>	Accounts receivable, net . . . . .		1,454,334,086	<b>4</b>	1,528,402,538
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		264,315,055	<b>7</b>	259,982,436
	<b>8</b>	Inventories for sale or use . . . . .		111,812,905	<b>8</b>	120,895,452
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		52,331,870	<b>9</b>	54,575,279
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	6,998,056,052		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	3,796,465,535		
				3,052,955,023	<b>10c</b>	3,201,590,517
	<b>11</b>	Investments—publicly traded securities . . . . .		205,455,555	<b>11</b>	214,630,337
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		1,868,929,565	<b>12</b>	2,016,903,776
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		253,818	<b>14</b>	405,038
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		3,093,511,223	<b>15</b>	3,735,584,431	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		10,805,288,112	<b>16</b>	11,732,419,125	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		1,613,460,235	<b>17</b>	1,676,944,743
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		37,453,586	<b>19</b>	35,434,842
	<b>20</b>	Tax-exempt bond liabilities . . . . .		370,411,048	<b>20</b>	366,622,891
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		30,422,207	<b>21</b>	31,531,417
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		13,579,972	<b>23</b>	13,084,282
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		2,425,309,227	<b>25</b>	3,070,433,787
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		4,490,636,275	<b>26</b>	5,194,051,962
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		5,760,371,220	<b>27</b>	5,961,612,047
	<b>28</b>	Temporarily restricted net assets . . . . .		296,801,922	<b>28</b>	293,195,406
	<b>29</b>	Permanently restricted net assets . . . . .		257,478,695	<b>29</b>	283,559,710
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		6,314,651,837	<b>33</b>	6,538,367,163	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		10,805,288,112	<b>34</b>	11,732,419,125	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,182,496,672
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,907,256,988
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	275,239,684
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,314,651,837
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-60,812,428
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	9,288,070
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,538,367,163

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	



# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 38-3952644  
**Name:** MAYO CLINIC GROUP RETURN

Form 990 (2018)

**Form 990, Part III, Line 4a:**

MEDICAL EDUCATION (SEE SCHEDULE O)HEALTH PROFESSIONAL EDUCATION MAYO CLINIC INVESTMENTS IN EDUCATION INFORM AND EMPOWER PHYSICIANS, RESEARCHERS, MEDICAL PROFESSIONALS, PATIENTS, STUDENTS AND COMMUNITIES TO IMPROVE PUBLIC HEALTH AND WELL-BEING, ALONG WITH PREPARING THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS TO PROVIDE OUTSTANDING, COMPASSIONATE CARE TO PATIENTS WORLDWIDE THE EDUCATIONAL ACTIVITIES OF MAYO CLINIC ARE CENTERED IN THE MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE WHICH CONSISTS OF FIVE SCHOOLS \* MAYO CLINIC ALIX SCHOOL OF MEDICINE \* MAYO CLINIC SCHOOL OF GRADUATE MEDICAL EDUCATION \* MAYO CLINIC GRADUATE SCHOOL OF BIOMEDICAL SCIENCES \* MAYO CLINIC SCHOOL OF HEALTH SCIENCES \* MAYO CLINIC SCHOOL OF CONTINUOUS PROFESSIONAL DEVELOPMENTMAYO CLINIC, AS AN AFFILIATED GROUP, OFFERS EDUCATIONAL PROGRAMS AND TRAINING OPPORTUNITIES ON ITS CAMPUSES IN ROCHESTER, MINNESOTA, SCOTTSDALE/PHOENIX, ARIZONA, AND JACKSONVILLE, FLORIDA IN AFFILIATION WITH THE MAYO CLINIC COLLEGE OF MEDICINE, THE SUBORDINATES OFFER PHYSICIAN RESIDENCY PROGRAMS AND FELLOWSHIPS IN MANY MEDICAL AND SURGICAL SPECIALTIES, TRAINING PROGRAMS FOR ALLIED HEALTH PERSONNEL AND ON-GOING EDUCATION FOR PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS FOR 2018, THERE WERE 4,224 STUDENTS EDUCATED THROUGH THE MAYO CLINIC COLLEGE OF MEDICINE PROGRAM TO SUSTAIN MAYO'S UNIQUE STYLE OF CARE AND PREPARE THE NEXT GENERATION OF CAREGIVERS OF THESE STUDENTS, MANY WOULD HAVE RECEIVED SOME OR ALL OF THEIR EDUCATION AT THE SUBORDINATE'S LOCATIONS IN PHOENIX/SCOTTSDALE, ARIZONA AND JACKSONVILLE, FLORIDA IN ADDITION, MANY OF THE SUBORDINATES HAVE AGREEMENTS WITH UNIVERSITIES, COLLEGES AND OTHER EDUCATIONAL ORGANIZATIONS TO PROVIDE FORMAL EDUCATION AND EXPERIENCE FOR STUDENTS STUDYING TO BECOME HEALTHCARE PROFESSIONALS FOR 2018, THE SUBORDINATES AWARDED APPROXIMATELY \$274,471 OF SCHOLARSHIPS TO STUDENTS PURSUING CAREERS IN A HEALTH-RELATED FIELD

**Form 990, Part III, Line 4b:**

MEDICAL RESEARCH (SEE SCHEDULE O)MEDICAL RESEARCH MAYO CLINIC, AS AN AFFILIATED GROUP, CONDUCTS BASIC, TRANSLATIONAL, CLINICAL AND EPIDEMIOLOGICAL RESEARCH AT ITS CAMPUSES IN MINNESOTA, ARIZONA AND FLORIDA AND THROUGHOUT THE MAYO CLINIC HEALTH SYSTEM THE NEEDS OF PATIENTS DRIVE RESEARCH AT MAYO CLINIC AS DOCTORS TREAT PATIENTS AND SEE OPPORTUNITIES FOR ADVANCING PATIENT CARE, THEY WORK TOGETHER WITH MAYO SCIENTISTS AND RESEARCH TEAMS TO DEVELOP NEW AND IMPROVED DIAGNOSTIC TOOLS, MEDICATIONS, DEVICES, TREATMENT PROTOCOLS AND MORE MAYO CLINIC'S UNIQUE CULTURE OF COLLABORATION AND TEAMWORK, AND ITS EXTENSIVE FACILITIES AND RESOURCES, MAKE IT POSSIBLE FOR RESEARCHERS TO UNRAVEL AND SOLVE COMPLEX RESEARCH QUESTIONS ANSWERING THESE QUESTIONS REQUIRES A TEAM OF PHYSICIANS WHO CARE FOR PATIENTS WITH A DISEASE, BASIC SCIENTISTS WHO INVESTIGATE THE CONDITION'S MOLECULAR BASIS AND EPIDEMIOLOGISTS WHO STUDY ITS EFFECT ON POPULATIONS THIS CLOSE INTEGRATION MAKES IT POSSIBLE TO QUICKLY BRING PROVEN DIAGNOSTICS AND THERAPEUTICS TO PATIENTS AND SHARE THIS KNOWLEDGE WITH THE NEXT GENERATION OF DOCTORS AND SCIENTISTS THE RESEARCH ACTIVITIES CONDUCTED BY THE SUBORDINATES ARE MOSTLY CONDUCTED AT THE ARIZONA AND FLORIDA LOCATIONS AND CONCENTRATED IN THE AREAS OF CANCER, METABOLISM, NEUROSCIENCES, NEURODEGENERATIVE DISEASES, CARDIOVASCULAR DISEASES AND GI DISORDERS/TRANSPLANTATION DURING 2018, THE ARIZONA AND FLORIDA LOCATION'S COMBINED RESEARCH PROGRAMS GENERATED - APPROXIMATELY 625 NEW RESEARCH PROTOCOLS - APPROXIMATELY 4,608 ACTIVE HUMAN RESEARCH STUDIES - APPROXIMATELY 2,581 PEER-REVIEWED RESEARCH PUBLICATIONS/ARTICLES

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**Form 990, Part III, Line 4c:**

PATIENT CARE & COMMUNITY BENEFIT (SEE SCHEDULE O)PATIENT CARE & COMMUNITY BENEFIT MAYO CLINIC, AS AN AFFILIATED GROUP OF HEALTHCARE ENTITIES, IS THE FIRST AND LARGEST INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICE IN THE WORLD AND HAS APPROXIMATELY 4,900 PHYSICIANS AND SCIENTISTS AND APPROXIMATELY 60,300 ALLIED HEALTH STAFF MAYO CLINIC, AS AN AFFILIATED GROUP, HAS SITES IN ROCHESTER, MINNESOTA, SCOTTSDALE/PHOENIX, ARIZONA, JACKSONVILLE, FLORIDA AND ALSO SERVES MORE THAN 60 COMMUNITIES IN THE UPPER MIDWEST THROUGH THE MAYO CLINIC HEALTH SYSTEM MAYO CLINIC IS DRIVEN BY ITS MISSION OF PROVIDING THE BEST PATIENT CARE TO EVERY PATIENT EVERY DAY THROUGH INTEGRATED CLINICAL PRACTICE, EDUCATION, AND RESEARCH DOCTORS FROM EVERY MEDICAL SPECIALTY WORK TOGETHER TO CARE FOR PATIENTS AND ARE JOINED BY COMMON SYSTEMS AND A PHILOSOPHY THAT THE NEEDS OF THE PATIENT COME FIRST THERE ARE 18 SUBORDINATE ORGANIZATIONS FROM THE MAYO CLINIC AFFILIATED GROUP THAT ARE PART OF THIS GROUP RETURN OPERATIONS INCLUDE 22 HOSPITAL FACILITIES (20 LICENSED HOSPITALS), NUMEROUS CLINICAL FACILITIES, 1 NURSING HOME, 4 ELDERLY/ASSISTED LIVING FACILITIES AND 7 CHEMICAL DEPENDENCY TREATMENT CENTERS, AN AMBULANCE SERVICE ORGANIZATION, 2 FOUNDATION-TYPE ORGANIZATIONS AND 2 ORGANIZATIONS THAT PROVIDE SUPPORT SERVICES (SHARED SERVICES) TO MAYO CLINIC, ITS AFFILIATES AND PATIENTS GEOGRAPHICALLY, THE SUBORDINATES ARE LOCATED IN PHOENIX/SCOTTSDALE, ARIZONA, JACKSONVILLE, FLORIDA, SOUTHERN MINNESOTA, AND WESTERN WISCONSIN FOR PURPOSES OF THIS STATEMENT, PATIENT CARE ENCOMPASSES PATIENT SERVICES (HOSPITALS, CLINICS & AMBULANCES), HOUSING FOR THE ELDERLY (NURSING HOMES & ELDERLY HOUSING FACILITIES) AND THE SALE OF MEDICAL PRODUCTS AND HEALTH INFORMATION ON AN AGGREGATE BASIS, THE HOSPITAL SUBORDINATES HAD 4,100 LICENSED BEDS FOR THE SUBORDINATE HOSPITAL AND CLINICAL PRACTICES, THE ANNUAL PATIENT COUNT (A DISTINCT COUNT OF THE MEDICAL RECORD NUMBERS THAT RECEIVED BILLABLE MEDICAL SERVICES) FOR 2018 EXCEEDED 812,000 PATIENTS DURING 2018, THE SUBORDINATE AMBULANCE SERVICE PROVIDED MEDICAL TRANSPORTATION FOR APPROXIMATELY 72,000 PATIENTS AND RESPONDED TO APPROXIMATELY 25,500 EMERGENT REQUESTS THAT DID NOT RESULT IN THE TRANSPORTATION OF A PATIENT THE SUBORDINATES THAT OPERATE NURSING HOMES AND ELDERLY HOUSING FACILITIES HAD 154 SKILLED NURSING/SUPPORTIVE CARE BEDS AND 415 RESIDENTIAL UNITS FOR THE PROVISION OF HOUSING AND CARE FOR THE ELDERLY THE SUBORDINATES PROVIDE CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS AT SUBSTANTIAL DISCOUNTS FROM STANDARD FEES FINANCIAL ASSISTANCE IS ALSO PROVIDED FOR PATIENTS THAT ARE FINANCIALLY UNABLE TO PAY FOR SERVICES PROVIDED FOR 2018, THE AGGREGATE COST OF UNCOMPENSATED CARE PROVIDED TO LOW INCOME PATIENTS THROUGH MEDICAID WAS APPROXIMATELY \$237,978,358 THE AGGREGATE COST OF UNCOMPENSATED CARE PROVIDED TO PATIENTS THROUGH MEDICARE WAS APPROXIMATELY \$480,865,780 FINANCIAL ASSISTANCE (AT COST) PROVIDED TO PATIENTS IN 2018 ON A COMBINED BASIS WAS APPROXIMATELY \$51,136,095 THE SUBORDINATES RECEIVED DONATED SERVICES FROM APPROXIMATELY 5,100 COMMUNITY VOLUNTEERS, WHO PROVIDED APPROXIMATELY 463,372 HOURS OF SERVICE IN 2018, VALUED AT APPROXIMATELY \$11,783,550 BASED ON THE INDEPENDENT SECTOR'S AVERAGE ESTIMATED HOURLY VALUE OF SUCH SERVICES FOR 2018

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABENSTEIN MD JOHN P ..... DIRECTOR	1 00 ..... 40 00	X						0	564,523	58,858
ACKERMAN FRANKLIN K ..... DIR/ASSOC ADMINISTRATOR/FORMER KEY	40 00 ..... 0 00	X			X			297,277	0	67,828
ADLEMAN BREEANN M ..... DIRECTOR/ASSISTANT SECRETARY	40 00 ..... 0 00	X		X				245,544	0	60,878
ANDREWS MD PAUL E ..... DIRECTOR/VICE CHAIR	40 00 ..... 0 00	X		X				715,419	0	81,051
ANIL MD GOKHAN ..... DIRECTOR	40 00 ..... 0 00	X						735,995	0	61,318
BAKER SALLY CHASE ..... DIRECTOR/VICE PRESIDENT	1 00 ..... 0 00	X		X				0	0	0
BAKKUM-GAMEZ MD JAMIE N ..... DIRECTOR	1 00 ..... 40 00	X						0	603,478	54,990
BECKER JOHN ..... DIRECTOR/TREASURER	1 00 ..... 0 00	X		X				0	0	0
BENIKE JOHN ..... DIRECTOR/TREASURER	1 00 ..... 0 00	X		X				0	0	0
BERGERON-BOWE MELISSA ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BINN MD MARTHA C ..... DIRECTOR	40 00 ..... 0 00	X						307,975	0	58,654
BOLTON JEFFREY W ..... DIRECTOR/CAO	40 00 ..... 0 00	X		X	X			1,541,049	0	80,037
BORSHEIM PAUL ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
BRANDT TERRY L ..... DIRECTOR/SECY/REG CHAIR ADMIN SWMN	1 00 ..... 40 00	X		X				0	369,823	30,878
BROLSMA GREG ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
BROWN MD MICHAEL J ..... DIRECTOR	1 00 ..... 40 00	X						0	559,892	65,304
BUNKERS MD BRIAN E ..... DIRECTOR/VICE CHAIR	40 00 ..... 0 00	X		X				442,972	0	79,338
BUSKIRK MD STEVEN J ..... DIRECTOR/VICE CHAIR	40 00 ..... 0 00	X		X				724,718	0	34,240
CADMAN BERWYN ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
CANGEMI MD JOHN R ..... DIRECTOR	40 00 ..... 0 00	X						698,559	0	33,173

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARPENTER MARK ..... DIRECTOR/TREASURER	1 00 ..... 0 00	X		X				0	0	0
CASLER MD JOHN D ..... DIRECTOR	40 00 ..... 0 00	X						613,155	0	77,147
CAVINESS MD JOHN N ..... DIRECTOR	40 00 ..... 0 00	X						375,622	0	80,357
CHAPITAL MD ALYSSA B ..... DIRECTOR	40 00 ..... 0 00	X						593,202	0	61,035
CHRISTENSEN SISTER GEORGIA ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
CIMA MD ROBERT R ..... DIRECTOR/CHAIR	1 00 ..... 40 00	X		X				0	559,273	68,918
CIOTA MD MARK R ..... DIRECTOR	40 00 ..... 0 00	X						905,583	0	79,140
CLARK DIANE ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
CONNOLLY TERESA L ..... DIRECTOR	40 00 ..... 0 00	X						269,067	0	61,335
COOPER MD LESLIE T ..... DIRECTOR	40 00 ..... 0 00	X						725,655	0	76,122

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COSTAKOS MD DENNIS T ..... DIRECTOR	40 00 ..... 0 00	X						433,584	0	70,832
CRAIG JASON E ..... DIR/VP/SECY/VICE CHAIR ADMIN	40 00 ..... 0 00	X		X	X			211,429	0	41,326
CRANDALL DAVID ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
CRANE MD SARAH J ..... DIRECTOR	1 00 ..... 40 00	X						0	404,733	62,467
CROCKETT ERIC D ..... DIR/CAO SEMN/SECY/REG CHAIR SEMN	1 00 ..... 40 00	X		X				0	253,286	60,588
CROSS III MD WILLIAM W ..... DIRECTOR	1 00 ..... 40 00	X						0	788,624	65,107
DAHLEN DENNIS E ..... DIRECTOR/VICE PRESIDENT/TREASURER	40 00 ..... 0 00	X		X				1,066,321	0	33,818
DAY THOMAS R ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
DECKER MD WYATT W ..... DIRECTOR/CHAIR/VP OPERATIONS	40 00 ..... 0 00	X		X	X			2,036,466	0	79,220
DEVAULT MD KENNETH R ..... DIRECTOR	40 00 ..... 0 00	X						778,353	0	78,473

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIETER HEIDI L ..... DIRECTOR	1 00 ..... 40 00	X						0	234,262	54,581
DRUCKER PAUL E ..... DIRECTOR/VICE PRESIDENT	1 00 ..... 40 00	X		X				0	179,620	56,437
EBERLE MICHELE R ..... DIRECTOR/FORMER KEY EMPLOYEE	40 00 ..... 0 00	X						203,350	0	35,853
ELSBERND SISTER HELEN ..... DIRECTOR/VICE CHAIR/SECY	1 00 ..... 0 00	X		X				0	0	0
ENQUIST MARK A ..... DIRECTOR/SECRETARY/TREASURER	1 00 ..... 40 00	X		X				0	195,089	26,905
ERICKSON ERIC B ..... DIRECTOR	40 00 ..... 0 00	X						266,998	0	50,091
EVENSON LAURA K ..... DIRECTOR	40 00 ..... 0 00	X						204,085	0	52,131
EZENAGU MD LEONARD C ..... DIRECTOR/SECRETARY	40 00 ..... 0 00	X		X				443,285	0	91,927
FARRUGIA MD GIANRICO ..... DIRECTOR/CHAIR/VP OPERATIONS	40 00 ..... 0 00	X		X	X			1,836,138	0	74,821
FITZGERALD MD KEVIN ..... DIRECTOR	40 00 ..... 0 00	X						317,374	0	62,276



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FLANNERY BRENDA ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
FONSECA MD RAFAEL ..... DIRECTOR	40 00 ..... 0 00	X						648,889	0	77,563
FOOT III SILAS B ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
FOSS MD RANDY M ..... DIRECTOR/VICE CHAIR	40 00 ..... 0 00	X		X				367,333	0	55,099
FRANCIS JAMES R ..... DIRECTOR/ASSISTANT TREASURER	40 00 ..... 0 00	X		X				453,444	0	81,974
FRATZKE JASON J ..... DIRECTOR	1 00 ..... 40 00	X						0	227,222	56,383
FREDERICK BARBARA L ..... DIRECTOR/SECRETARY	40 00 ..... 0 00	X		X				10,900	0	495
FREDERICK RYANNON K ..... DIRECTOR/FORMER KEY EMPLOYEE	40 00 ..... 0 00	X						240,735	0	54,634
FROISLAND JEFFREY R ..... DIR/TREASURER/ASSISTANT TREASURER	40 00 ..... 0 00	X		X				337,576	0	43,424
GARTNER PHILLIP A ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLENN SEAN W ..... DIRECTOR/ASSISTANT SECRETARY	40 00 ..... 0 00	X		X				242,290	0	59,395
GORES MD GREGORY J ..... DIRECTOR	1 00 ..... 40 00	X						0	1,017,632	35,054
GOSTOUT MD BOBBIE S ..... DIR/VP OPERATIONS/VICE CHAIR	40 00 ..... 0 00	X		X	X			1,472,277	0	92,428
GRAU MD THOMAS J ..... DIRECTOR	40 00 ..... 0 00	X						333,101	0	25,938
GRENISEN MD MARGARET M ..... DIRECTOR	40 00 ..... 0 00	X						280,921	0	70,321
GRUBER JOHN ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
HAGER NICKIJO L ..... DIRECTOR	40 00 ..... 0 00	X						184,423	0	36,850
HAKAIM MD ALBERT G ..... DIRECTOR	40 00 ..... 0 00	X						690,203	0	85,025
HANSEN JULIE S ..... DIR/TREAS/CFO WI/SECY/FORMER OFFICER	40 00 ..... 0 00	X		X				353,719	0	51,906
HARA MD AMY K ..... DIRECTOR	40 00 ..... 0 00	X						765,765	0	70,190

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARPER JR MD CHARLES M ..... DIRECTOR/VICE CHAIR/PHYSICIAN	40 00 ..... 0 00	X		X	X			1,440,702	0	33,371
HEBL MD JAMES R ..... DIRECTOR/PRESIDENT/CHAIR	1 00 ..... 40 00	X		X				0	687,600	65,052
HEILMAN MD RAYMOND L ..... DIRECTOR	40 00 ..... 0 00	X						434,452	0	31,011
HELMERS MD RICHARD A ..... DIR/PRESIDENT/CHAIR/REGIONAL VP-NWWI	1 00 ..... 40 00	X		X				0	711,874	84,153
HERRICK DDS JAMES V ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
HERRMANN MD MARTIN J ..... DIRECTOR	40 00 ..... 0 00	X						360,301	0	73,284
HINES MD STEPHANIE L ..... DIRECTOR	40 00 ..... 0 00	X						324,161	0	63,455
HOLST TANNER T ..... DIRECTOR	40 00 ..... 0 00	X						209,382	0	45,097
HOLTAN DOUGLAS J ..... DIRECTOR/CHAIR	1 00 ..... 40 00	X		X				0	347,043	60,308
HOLTZ MD CAROL P ..... DIRECTOR/SECRETARY/TREASURER	1 00 ..... 40 00	X		X				122,860	163,751	42,456

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUGHES PETER R ..... DIRECTOR	40 00 ..... 0 00	X						172,751	0	12,925
HURLEY TRACY ..... DIRECTOR/VICE CHAIR/SECY	1 00 ..... 0 00	X		X				0	0	0
JACOBSON ROSEMARY ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
JELINEK DIANE F ..... DIRECTOR	40 00 ..... 0 00	X						323,893	0	70,970
JOHNSON MD MARGARET M ..... DIRECTOR	40 00 ..... 0 00	X						564,520	0	67,436
JOHNSON MD TIMOTHY J ..... DIRECTOR/CHAIR/PRESIDENT	40 00 ..... 0 00	X		X				595,707	0	76,401
JOHNSON PAMELA O ..... DIRECTOR	40 00 ..... 0 00	X						502,487	0	21,721
KENIRY SISTER MARGARET J ..... DIRECTOR/PRESIDENT	1 00 ..... 0 00	X		X				0	0	0
KIM MD HYUN I ..... DIRECTOR/VICE CHAIR	40 00 ..... 0 00	X		X				485,226	0	76,643
KLIMP MARY J ..... DIR/VICE CHAIR ADMIN	40 00 ..... 0 00	X			X			250,439	0	63,262

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KNUDSON STEVE L ..... DIRECTOR	40 00 ..... 0 00	X						387,811	0	36,559
KORDUCKI MD JANE M ..... DIRECTOR	40 00 ..... 0 00	X						315,672	0	82,150
KRAHN MD LOIS E ..... DIRECTOR/VICE CHAIR	40 00 ..... 0 00	X		X				525,173	0	73,430
KRIEN MD JOSEPH S ..... DIRECTOR	40 00 ..... 0 00	X						379,690	0	72,668
KRUSE JOSEPH J ..... DIR/VP/REG CHAIR-ADMIN SWWI	40 00 ..... 0 00	X		X				350,415	0	75,021
LANGBEHN DO JENNIFER M ..... DIRECTOR	40 00 ..... 0 00	X						377,563	0	71,499
LANZEL TRICIA G ..... DIRECTOR/VICE CHAIR	40 00 ..... 0 00	X		X				139,125	0	38,607
LARDY TRACI ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
LEBRASSEUR NATHAN K ..... DIRECTOR	1 00 ..... 40 00	X						0	194,971	51,292
LEGARE GREG ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEIGHTON MD JONATHAN A ..... DIRECTOR	40 00 ..... 0 00	X						744,484	0	90,572
LIENAU MARTY A ..... DIRECTOR	40 00 ..... 0 00	X						52,529	0	16,967
LIMBURG MD PAUL J ..... DIRECTOR	1 00 ..... 40 00	X						0	743,987	72,180
LIMPER MD ANDREW H ..... DIRECTOR	1 00 ..... 40 00	X						0	510,751	77,917
LINDAHL ROGER A ..... DIRECTOR/ASST SECY/ASST TREAS	40 00 ..... 0 00	X		X				314,286	0	81,676
LINDBERG STEVEN J ..... DIRECTOR/VICE PRESIDENT/SECRETARY	40 00 ..... 0 00	X		X				257,415	0	61,785
LOCKETT KEVIN M ..... DIRECTOR/TREASURER	40 00 ..... 0 00	X		X				275,978	0	68,625
LONG AMY K ..... DIRECTOR/FORMER KEY EMPLOYEE	40 00 ..... 0 00	X						169,940	0	34,683
LUETH MELISSA M ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
MAHN DAVID ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MASON SHARI ..... DIRECTOR/SECRETARY/TREASURER	1 00 ..... 0 00	X		X				0	0	0
MATTHIAS MARK A ..... DIRECTOR/ASSISTANT TREASURER	40 00 ..... 0 00	X		X				267,514	0	71,810
MCCARTHY JERRY C ..... DIRECTOR/PRESIDENT	1 00 ..... 0 00	X		X				0	0	0
MCGRAW COLLEEN ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
MCHUGH JOHN ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
MCLAUGHLIN MD SARAH A ..... DIRECTOR	40 00 ..... 0 00	X						580,004	0	38,816
MENKOSKY PAULA E ..... DIR/SECRETARY/ASSISTANT TREASURER	40 00 ..... 0 00	X		X				735,158	0	74,935
MEYER MD FREDRIC B ..... DIRECTOR/PHYSICIAN	40 00 ..... 0 00	X			X			1,293,738	0	42,846
MEYERS ANN M ..... DIRECTOR/FORMER OFFICER	1 00 ..... 40 00	X						0	333,190	52,008
MOLLING DO PAUL E ..... DIRECTOR	40 00 ..... 0 00	X						326,670	0	56,766

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MORICE MD WILLIAM G ..... DIRECTOR	1 00 ..... 40 00	X						0	617,887	69,877
MORREY MICHAEL A ..... DIR/REGIONAL CHAIR-ADMIN NWWI	1 00 ..... 40 00	X		X				0	372,565	61,967
MORRIS MD MARIE E ..... DIRECTOR/CHAIR	40 00 ..... 0 00	X		X				344,265	0	79,651
MOUW JEROMY J ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
MUELLER MD PAUL S ..... DIRECTOR/CHAIR/PRESIDENT	1 00 ..... 40 00	X		X				0	506,471	72,419
MYHRE MD KAREN K ..... DIRECTOR/VICE CHAIR	40 00 ..... 0 00	X		X				293,175	0	75,941
NARR MD BRADLY J ..... DIRECTOR	1 00 ..... 40 00	X						0	599,666	33,982
NELSON MD HEIDI ..... DIRECTOR	1 00 ..... 40 00	X						0	761,160	87,925
NOEL AMY J ..... DIRECTOR	40 00 ..... 0 00	X						257,151	0	68,437
NOSEWORTHY MD JOHN H ..... DIRECTOR/CEO/PRESIDENT	40 00 ..... 0 00	X		X	X			3,416,776	0	35,861



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OLIVER TRACY ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
ORTIZ MD JOSE A ..... DIRECTOR	40 00 ..... 0 00	X						814,063	0	90,992
OTLEY MD CLARK C ..... DIRECTOR/PRESIDENT	1 00 ..... 40 00	X		X				0	965,575	74,822
PARKER PHD ALEXANDER S ..... DIRECTOR	40 00 ..... 0 00	X						204,677	0	51,996
PARKS DOUGLAS A ..... DIR/CAO SEMN/SECY/REG CHAIR SEMN	1 00 ..... 40 00	X		X				0	274,714	70,589
PASCUAL MD JORGE M ..... DIRECTOR	40 00 ..... 0 00	X						514,939	0	83,727
PATEL MB TUSHAR C ..... DIRECTOR	40 00 ..... 0 00	X						711,126	0	73,085
PATSCHÉ WANDA ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
PEARSON MD SUSAN E ..... DIRECTOR/VICE CHAIR	40 00 ..... 0 00	X		X				710,122	0	77,387
PECK MD ROBERT C ..... DIRECTOR	40 00 ..... 0 00	X						445,756	0	81,181

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PERRY MICHAEL ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
PINZKA SISTER MARLENE ..... DIRECTOR/VICE PRESIDENT	1 00 ..... 0 00	X		X				0	0	0
POE JOHN D ..... DIRECTOR	1 00 ..... 40 00	X						0	243,636	60,095
POWELL III MD RALPH ..... DIRECTOR	40 00 ..... 0 00	X						473,240	0	65,159
POWERS NICHOLAS ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
QUINONES-HINOJOSA MD ALFREDO ..... DIRECTOR	40 00 ..... 0 00	X						1,317,499	0	72,097
RIEBE DANIEL ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
RIHAL MD CHARANJIT S ..... DIRECTOR	1 00 ..... 40 00	X						0	802,380	79,792
ROBELIA MD PAUL M ..... DIRECTOR	1 00 ..... 40 00	X						0	299,560	69,136
ROGERS JAMES A ..... DIRECTOR/ASSISTANT SECRETARY	40 00 ..... 0 00	X		X				474,598	0	66,999

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROSEIRA MIKE ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
RUSHLOW MD DAVID R ..... DIRECTOR	40 00 ..... 0 00	X						458,797	0	71,015
RUSTAD CHRISTOPHER D ..... DIRECTOR/SECRETARY	1 00 ..... 40 00	X		X				0	174,525	23,128
SADOSTY MD ANNIE T ..... DIR/CHAIR/REGIONAL VP SEMN	1 00 ..... 40 00	X		X				0	599,755	67,138
SANCHEZ JAZMINE ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
SANDGREN KENT A ..... DIRECTOR	1 00 ..... 40 00	X						0	224,860	29,083
SANTRACH MD PAULA J ..... DIRECTOR/VICE CHAIR	1 00 ..... 40 00	X		X				0	511,888	76,393
SCHAUFENBUEL KIM ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
SCHMIDT JAMES ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
SCHNEIDER KENNETH J ..... DIRECTOR/FORMER OFFICER	40 00 ..... 0 00	X						430,811	0	23,598

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCHOENBAUER BRAD ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
SEINOLA SCOTT A ..... DIRECTOR/CEO/PRESIDENT	40 00 ..... 0 00	X		X				416,853	0	31,074
SHANNON WENDY ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
SHARMA MBBS MANISH S ..... DIRECTOR	40 00 ..... 0 00	X						862,255	0	66,061
SMOLDT CRAIG A ..... DIRECTOR/FORMER KEY EMPLOYEE	40 00 ..... 0 00	X						334,480	0	9,839
SNEE TAMMY ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
STONE MD WILLIAM M ..... DIRECTOR	40 00 ..... 0 00	X						787,143	0	74,853
STRUCK ALLEN W ..... DIRECTOR/SECRETARY/TREASURER	1 00 ..... 0 00	X		X				0	0	0
TANER MD BURCIN C ..... DIRECTOR	40 00 ..... 0 00	X						671,985	0	66,583
THORESON SCOTT D ..... DIR/ADMINISTRATOR	40 00 ..... 0 00	X			X			229,262	0	66,721

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIGHE SISTER MOIRA ..... DIRECTOR/VICE PRESIDENT	1 00 ..... 0 00	X		X				0	0	0
TONN BECKY ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
TYDRICH SISTER JULIE ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
WALD MD JOHN T ..... DIRECTOR	1 00 ..... 40 00	X						0	751,930	77,917
WALTER KEVIN ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
WEBER JOAN A ..... DIRECTOR	40 00 ..... 0 00	X						388,243	0	68,099
WEIS CAROL ..... DIRECTOR	40 00 ..... 0 00	X						172,857	0	44,392
WHITED MD BRIAN L ..... DIRECTOR/CHAIR	1 00 ..... 40 00	X		X				0	594,962	76,097
WILLIAMS MD AMY W ..... DIRECTOR	1 00 ..... 40 00	X						0	649,121	65,246
WILLIAMSON MARY J ..... DIR/SEC/ASST SEC/CAO MCHS/FORM KEY	1 00 ..... 40 00	X		X				0	797,512	65,917

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WRIGHT-PETERSON VIRGINIA M ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
YOUNG DDS RICHARD B ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
YTTERBERG MD KAREN L ..... DIRECTOR	1 00 ..... 40 00	X						0	149,966	5,956
ZELAYA JULIO ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
ZIETLOW MD SCOTT P ..... DIRECTOR/CHAIR	1 00 ..... 40 00	X		X				0	606,712	80,988
ZIMMERMAN MD RICHARD S ..... DIRECTOR	40 00 ..... 0 00	X						1,226,918	0	84,675
ZORN CHRISTINA K ..... DIR/SECRETARY/ASSISTANT TREASURER	40 00 ..... 0 00	X		X				687,130	0	63,574
BROWN WILLIAM A ..... ASSISTANT SECRETARY/FORMER OFFICER	40 00 ..... 0 00			X				251,130	0	32,141
ESTES DANIEL D ..... ASSISTANT TREASURER	40 00 ..... 0 00			X				175,344	0	61,756
FEHMI RASHID A ..... TREASURER	40 00 ..... 0 00			X				139,633	0	36,937

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FENNELL THOMAS J ..... ASSISTANT SECRETARY	40 00 ..... 0 00			X				127,534	0	35,854
GABRIELSON SHARON R ..... ASSISTANT TREASURER	40 00 ..... 0 00			X				321,969	0	72,024
GALINDEZ JR PETER ..... ASSISTANT SECRETARY/FORMER OFFICER	40 00 ..... 0 00			X				248,570	0	68,144
GOLDMAN DANIEL S ..... ASSISTANT SECRETARY	40 00 ..... 0 00			X				233,780	0	64,700
GUDGELL STEPHEN F ..... TREASURER	1 00 ..... 40 00			X				0	235,931	28,961
HAEFLINGER RICKY J ..... FINANCIAL OFFICER	1 00 ..... 40 00			X				0	562,112	79,599
HOFFMAN III HARRY N ..... TREASURER	40 00 ..... 0 00			X				1,252,135	0	83,288
HUBERT SHERRY L ..... ASSISTANT SECRETARY	40 00 ..... 0 00			X				313,016	0	74,752
JOHNSON CARLA J ..... ASSISTANT SECRETARY	40 00 ..... 0 00			X				182,556	0	37,738
LOHKAMP CHRISTIE A ..... ASSISTANT TREASURER	40 00 ..... 0 00			X				248,910	0	52,854

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELVIN KEVIN B ..... ASSISTANT SECRETARY	1 00 ..... 40 00			X				0	233,123	61,558
MURPHY JOSHUA B ..... SECRETARY/ASSISTANT SECRETARY	40 00 ..... 0 00			X				905,630	0	73,501
NORDRUM CHARLOTTE J ..... TREAS/ASSISTANT TREAS/CFO-MN	40 00 ..... 0 00			X				287,967	0	62,253
OTTE KIMBERLY K ..... ASSISTANT SECRETARY	40 00 ..... 0 00			X				301,651	0	71,686
PRIEST WILLIAM F ..... SECRETARY	40 00 ..... 0 00			X				203,924	0	57,024
SANDEEN DARRELL L ..... ASSISTANT TREASURER/FORMER OFFICER	40 00 ..... 0 00			X				368,289	0	60,987
SHERRILL TODD E ..... CFO MCHS/TREASURER	40 00 ..... 0 00			X				349,661	0	25,323
BARTLETT MD BRIAN N ..... PHYSICIAN	40 00 ..... 0 00				X			577,794	0	57,983
BERG DAVID W ..... ASSOC ADMIN - MCHS SEMN	40 00 ..... 0 00				X			270,995	0	81,907
CULLINAN MD SUSAN M ..... PHYSICIAN	40 00 ..... 0 00				X			431,262	0	85,379



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEGEN SUSANNE C ..... VICE CHAIR ADMINISTRATION	40 00 ..... 0 00				X			215,788	0	44,755
DEWITT MD JASON J ..... PHYSICIAN	40 00 ..... 0 00				X			502,704	0	56,945
FRASER CATHRYN H ..... CHIEF HUMAN RESOURCES OFFICER	40 00 ..... 0 00				X			802,052	0	82,395
HANSEN GAYLE B ..... VICE CHAIR ADMIN/FORMER KEY EMPLOYEE	40 00 ..... 0 00				X			275,044	0	70,547
HANSON VICTORIA M ..... VICE CHAIR ADMINISTRATION	40 00 ..... 0 00				X			215,564	0	59,230
HIRISAVE KRISHNA MD BIPINCHANDRA ..... PHYSICIAN	40 00 ..... 0 00				X			353,288	0	59,694
JOHNSON MD DANIEL J ..... PHYSICIAN	40 00 ..... 0 00				X			624,890	0	87,289
KHOOR MD ANDRAS ..... PHYSICIAN	40 00 ..... 0 00				X			527,810	0	65,043
KOWAL DO GERALD K ..... PHYSICIAN	40 00 ..... 0 00				X			330,430	0	71,391
MCKINNEY MD J MARK ..... PHYSICIAN	40 00 ..... 0 00				X			729,768	0	79,199

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MOSS MD ADYR A ..... PHYSICIAN	40 00 ..... 0 00				X			682,901	0	73,927
PETERSON MD JEFFREY J ..... PHYSICIAN	40 00 ..... 0 00				X			741,540	0	45,918
PRESUTTI DO RICHARD J ..... PHYSICIAN	40 00 ..... 0 00				X			465,499	0	72,442
ROSS CHRISTOPHER J ..... CIO	40 00 ..... 0 00				X			765,101	0	70,880
SILVERS MD SCOTT M ..... PHYSICIAN	40 00 ..... 0 00				X			439,223	0	70,874
SIMPSON MD HENRY J ..... PHYSICIAN	40 00 ..... 0 00				X			339,296	0	69,442
TAZELAAR MD HENRY D ..... PHYSICIAN	40 00 ..... 0 00				X			561,483	0	58,335
THIEL MD DAVID D ..... PHYSICIAN	40 00 ..... 0 00				X			600,344	0	61,321
THIEMANN KAY M ..... ASSOCIATE ADMINISTRATOR	40 00 ..... 0 00				X			221,267	0	49,843
TRAUB MD STEPHEN J ..... PHYSICIAN	40 00 ..... 0 00				X			431,572	0	72,012

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRENTMAN MD TERRANCE L ..... PHYSICIAN	40 00 ..... 0 00				X			599,175	0	78,371
WHITE PAMELA K ..... CHIEF NURSING OFFICER	40 00 ..... 0 00				X			248,726	0	57,017
ZWYGART AMY M ..... VICE CHAIR NURSING	40 00 ..... 0 00				X			251,940	0	18,798
BENDOK MD BERNARD R ..... PHYSICIAN	40 00 ..... 0 00					X		1,203,839	0	70,369
LYONS MD MARK K ..... PHYSICIAN	40 00 ..... 0 00					X		1,197,239	0	79,227
PICHELMANN MD MARK A ..... PHYSICIAN	40 00 ..... 0 00					X		1,214,431	0	62,962
WHAREN MD ROBERT E ..... PHYSICIAN	40 00 ..... 0 00					X		1,239,757	0	34,891
WIECHMANN MD ROBERT J ..... PHYSICIAN	40 00 ..... 0 00					X		1,318,079	0	81,304
ADKINS JR KEDRICK D ..... FORMER OFFICER	40 00 ..... 0 00						X	585,800	0	2,190
AGERTER MD DAVID C ..... FORMER OFFICER	0 00 ..... 40 00						X	0	586,016	31,310

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BROWN MARIE E ..... FORMER OFFICER	0 00 ..... 40 00						X	0	226,634	20,880
BROWN MICHAEL E ..... FORMER OFFICER	40 00 ..... 0 00						X	235,710	0	48,286
GREEN MD JEFFREY P ..... FORMER OFFICER	40 00 ..... 0 00						X	277,570	0	67,417
HORECKI MD RICHARD J ..... FORMER OFFICER	40 00 ..... 0 00						X	332,185	0	83,783
KOCH MARK B ..... FORMER OFFICER	0 00 ..... 40 00						X	0	650,558	21,532
KUTCHER MD GREGORY R ..... FORMER OFFICER	40 00 ..... 0 00						X	387,938	0	78,694
LANGE MD STEPHEN M ..... FORMER OFFICER	40 00 ..... 0 00						X	499,204	0	38,873
LITCHY MD WILLIAM J ..... FORMER OFFICER	0 00 ..... 40 00						X	0	393,012	52,317
MATHEWS HILARY G ..... FORMER OFFICER	0 00 ..... 40 00						X	0	364,356	92,199
MILLER MD ROBERT C ..... FORMER OFFICER	40 00 ..... 0 00						X	686,886	0	74,739

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAIGE SR KEVIN A ..... FORMER OFFICER	0 00 ..... 40 00						X	0	488,503	82,554
PASTERNAK MD MORRIS ..... FORMER OFFICER	40 00 ..... 0 00						X	285,063	0	23,436
ROCK MD MICHAEL G ..... FORMER OFFICER	0 00 ..... 40 00						X	0	299,544	12,555
SAATHOFF BARBARA L ..... FORMER OFFICER	40 00 ..... 0 00						X	223,559	0	68,532
SOLBERG MD JEREMY J ..... FORMER OFFICER	0 00 ..... 40 00						X	0	298,061	59,018
TIGGELAAR THOMAS H ..... FORMER OFFICER	40 00 ..... 0 00						X	271,087	0	70,194
WALDHOFF STEPHEN C ..... FORMER OFFICER	0 00 ..... 40 00						X	0	105,570	8,768
CASEY MICHAEL A ..... FORMER KEY EMPLOYEE	0 00 ..... 40 00						X	0	168,063	53,467
CHONG MD BRIAN W ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	732,416	0	77,574
COLLIER DPM ROBERT L ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	315,407	0	68,520

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DILLON KEVIN R ..... FORMER KEY EMPLOYEE	0 00 ..... 40 00						X	0	247,299	69,745
DOUGLAS MD DAVID D ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	707,325	0	80,580
ECKSTROM MD MICHAEL T ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	1,148,091	0	72,523
EIDE DEAN B ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	212,643	0	36,440
EVERSMAN MD WILLIAM G ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	781,551	0	39,797
FISCHER DEBORAH R ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	221,078	0	52,800
FOSKO MD SCOTT W ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	854,139	0	82,189
FOWL MD RICHARD J ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	302,874	0	69,240
GADE CHRIS W ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	381,066	0	71,195
GOINS MD JENNIFER L ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	557,432	0	56,667

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GROSSET JESSICA A ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	335,286	0	30,641
GROVER DO MICHAEL L ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	305,871	0	70,618
GRZYBOWSKI MD JOHN A ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	389,887	0	67,175
HAROLD MD KRISTI L ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	587,931	0	54,319
HATTRUP MD STEVEN J ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	845,253	0	33,192
HAYDEN MD RICHARD E ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	687,353	0	26,152
JOHNSON MD C DANIEL ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	802,348	0	31,838
KEAVENY MD ANDREW P ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	678,396	0	70,230
KLEIS DO KEITH R ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	280,872	0	59,496
LOMBARDI MD JOSEPH M ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	381,888	0	82,506

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAGTIBAY MD PAUL M ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	673,447	0	74,255
MARTIN DAVID L ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	180,658	0	43,529
MCNEILL STEVEN L ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	467,169	0	38,017
MESCHIA MD JAMES F ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	369,917	0	72,830
MONEY MD SAMUEL R ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	676,192	0	72,163
MORRISSEY MD JOHN E ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	238,553	0	9,732
MUELLER MD JEFF T ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	581,056	0	55,399
NESSE MD ROBERT E ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	1,109,651	0	34,400
NOLTE DO CHARLES P ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	844,471	0	62,151
NORBY MARK L ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	280,609	0	50,237



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORDENG RODNEY L ..... FORMER KEY EMPLOYEE	0 00 ..... 40 00						X	0	196,124	54,539
RADEMACHER MD DANA E ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	891,175	0	69,748
ROTTY BRIAN W ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	244,763	0	66,289
RYAN MICHAEL J ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	457,631	0	39,538
SCHEFFEL JEFFREY G ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	195,225	0	27,315
SCHILD MD STEVEN E ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	701,015	0	59,010
SCHULZ MD JODI L ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	582,431	0	73,378
SIRVEN MD JOSEPH I ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	386,905	0	71,598
SLEGH KERI A ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	216,347	0	51,839
STEVENS MD MARK K ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	1,054,252	0	83,904

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEWART MD MICHAEL W ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	790,970	0	75,422
SWANSON MD SCOTT K ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	647,280	0	34,083
TERKONDA MD SARVAM P ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	709,966	0	76,379
ULRICH MD MICHAEL D ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	398,999	0	73,677
UY MD JONATHAN J ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	685,342	0	67,975
WILLIAMS MD HUGH J ..... FORMER KEY EMPLOYEE	40 00 ..... 0 00						X	645,370	0	31,542
YOUNG DO NATHAN P ..... FORMER KEY EMPLOYEE	0 00 ..... 40 00						X	0	351,505	62,344

TY 2018 Affiliate Listing

Name: MAYO CLINIC GROUP RETURN  
EIN: 38-3952644

TY 2018 Affiliate Listing

Name	Address	EIN	Name control
CHARTERHOUSE INC	200 FIRST STREET SW ROCHESTER, MN 55905	41-1405254	CHAR
GOLD CROSS AMBULANCE SERVICE	200 FIRST STREET SW ROCHESTER, MN 55905	41-1917516	GOLD
LUTHER LAKESIDE APARTMENTS INC	PO BOX 1510 EAU CLAIRE, WI 54702	39-1409024	LUTH
MAYO CLINIC ARIZONA	13400 EAST SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	MAYO
MAYO CLINIC FLORIDA	4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-0714831	MAYO
MAYO CLINIC HEALTH SYSTEM - AUSTIN FOUNDATION	1000 FIRST DRIVE NW AUSTIN, MN 55912	30-0107471	MAYO
MAYO CLINIC HEALTH SYSTEM - FAIRMONT	800 MEDICAL CENTER DRIVE FAIRMONT, MN 56031	41-0760836	MAYO
MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE INC	700 WEST AVE SOUTH LA CROSSE, WI 54601	39-1411999	MAYO
MAYO CLINIC HEALTH SYSTEM - FRANCISCAN MEDICAL CENTER INC	700 WEST AVE SOUTH LA CROSSE, WI 54601	39-0806374	MAYO
MAYO CLINIC HEALTH SYSTEM - LAKE CITY	500 WEST GRANT STREET LAKE CITY, MN 55041	41-1906820	MAYO
MAYO CLINIC HEALTH SYSTEM - NORTHWEST WISCONSIN REGION INC	1221 WHIPPLE STREET EAU CLAIRE, WI 54703	39-0813418	MAYO
MAYO CLINIC HEALTH SYSTEM - SOUTHEAST MINNESOTA REGION	1000 FIRST DRIVE NW AUSTIN, MN 55912	41-1404075	MAYO
MAYO CLINIC HEALTH SYSTEM - SOUTHWEST MINNESOTA REGION	1025 MARSH STREET MANKATO, MN 56002	41-1236756	MAYO
MAYO CLINIC HEALTH SYSTEM - ST JAMES	1101 MOULTON PARSONS ST JAMES, MN 56081	41-0797368	MAYO
MAYO CLINIC HOSPITAL - ROCHESTER	200 FIRST STREET SW ROCHESTER, MN 55905	41-0944601	MAYO
MAYO CLINIC JACKSONVILLE	4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	MAYO
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH	200 FIRST STREET SW ROCHESTER, MN 55905	41-1506440	MAYO
POVERELLO FOUNDATION	200 FIRST STREET SW ROCHESTER, MN 55905	41-1494881	POVE

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
MAYO CLINIC GROUP RETURN

Employer identification number  
38-3952644

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations 2
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) MCHS-FRANCISCAN MEDICAL CENTERINC	390806374	3	Yes		0	0
(B) MCHS-SOUTHEAST MINNESOTA REGION	411404075	3	Yes		2,048	0
<b>Total</b>	<b>2</b>				<b>2,048</b>	<b>0</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	64,350,136	78,834,991	105,660,664	532,595,617	335,871,896	1,117,313,304
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	64,350,136	78,834,991	105,660,664	532,595,617	335,871,896	1,117,313,304
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						45,167,165
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						1,072,146,139

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4	64,350,136	78,834,991	105,660,664	532,595,617	335,871,896	1,117,313,304
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,968,889	7,386,019	11,615,993	21,871,812	10,633,513	61,476,226
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on	450,110	62,508	351,384	621,091	526,062	2,011,155
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						1,180,800,685
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	3,082,121,838

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ► ☐**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	90.800 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	79.590 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

### Facts And Circumstances Test

### 990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I	<p>BOX 3 OF PART I IS CHECKED AS TEN OF THE EIGHTEEN SUBORDINATES ARE CLASSIFIED AS HOSPITALS. TWO OF THE REMAINING SUBORDINATES ARE CLASSIFIED AS AN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENT UNITS OR THE GENERAL PUBLIC. PART II, SECTION A (PUBLIC SUPPORT SCHEDULE) WAS COMPLETED IN THE AGGREGATE FOR THESE TWO SUBORDINATES WITHIN THIS GROUP RETURN. FOUR OF THE REMAINING SUBORDINATES ARE CLASSIFIED AS AN ORGANIZATION THAT NORMALLY RECEIVES (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS, AND (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME (SEE SECTION 509(A)(2)). TWO OF THE REMAINING SUBORDINATES (MCHS-AUSTIN FOUNDATION &amp; MCHS-FRANCISCAN HEALTHCARE) ARE CLASSIFIED AS A TYPE I SUPPORTING ORGANIZATION. A SUPPORTING ORGANIZATION OPERATED, SUPERVISED, OR CONTROLLED BY ITS SUPPORTED ORGANIZATION(S), TYPICALLY BY GIVING THE SUPPORTED ORGANIZATION(S) THE POWER TO REGULARLY APPOINT OR ELECT A MAJORITY OF THE DIRECTORS OR TRUSTEES OF THE SUPPORTING ORGANIZATION. TAX SOFTWARE DOES NOT ALLOW PART II, PART III AND PART IV TO ALL BE COMPLETED, AND THUS PART III SECTION A (PUBLIC SUPPORT SCHEDULE) AND PART IV SECTION A AND B (SUPPORTING ORGANIZATIONS) ARE PROVIDED BELOW FOR THE FOUR SUBORDINATES REQUIRED TO COMPLETE PART III AND THE TWO SUBORDINATES REQUIRED TO COMPLETE PART IV.</p>

# 990 Schedule A, Supplemental Information

Return Reference	Explanation
PART III SUPPORT SCHEDULE FOR 509(A)(2)	<p>SECTION A PUBLIC SUPPORT CALENDAR YEAR (A) 2014 LINE 1 7,433,412 LINE 2 1,216,429,274 L  INE 3 274,300 LINE 4 0 LINE 5 0 LINE 6 1,224,136,986 LINE 7A 0 LINE 7B 0 LINE 7C 0  SECTION B TOTAL SUPPORT CALENDAR YEAR (A) 2014 LINE 9 1,224,136,986 LINE 10A 5,886,104  LINE 10B 4,577,277 LINE 10C 10,463,381 LINE 11 0 LINE 12 2,152,714 LINE 13 1,236,753,  081 SECTION A PUBLIC SUPPORT CALENDAR YEAR (B) 2015 LINE 1 2,365,582 LINE 2 1,302,568,3  26 LINE 3 0 LINE 4 0 LINE 5 0 LINE 6 1,304,933,908 LINE 7A 0 LINE 7B 0 LINE 7C 0 SE  CTION B TOTAL SUPPORT CALENDAR YEAR (B) 2015 LINE 9 1,304,933,908 LINE 10A 10,821,940 L  INE 10B 1,518,928 LINE 10C 12,340,868 LINE 11 0 LINE 12 323,556 LINE 13 1,317,598,332  SECTION A PUBLIC SUPPORT CALENDAR YEAR (C) 2016 LINE 1 3,204,612 LINE 2 1,487,141,956  LINE 3 0 LINE 4 0 LINE 5 0 LINE 6 1,490,346,568 LINE 7A 0 LINE 7B 0 LINE 7C 0 SECTI  ON B TOTAL SUPPORT CALENDAR YEAR (C) 2016 LINE 9 1,490,346,568 LINE 10A 7,748,216 LINE  10B 1,405,524 LINE 10C 9,153,740 LINE 11 0 LINE 12 400,974 LINE 13 1,499,901,282 SECT  ION A PUBLIC SUPPORT CALENDAR YEAR (D) 2017 LINE 1 2,488,807 LINE 2 1,617,722,959 LINE  3 0 LINE 4 0 LINE 5 0 LINE 6 1,620,211,766 LINE 7A 0 LINE 7B 0 LINE 7C 0 SECTION B  TOTAL SUPPORT CALENDAR YEAR (D) 2017 LINE 9 1,620,211,766 LINE 10A 14,052,339 LINE 10B  1,063,806 LINE 10C 15,116,145 LINE 11 0 LINE 12 280,898 LINE 13 1,635,608,809 SECTION  A PUBLIC SUPPORT CALENDAR YEAR (E) 2018 LINE 1 1,401,923 LINE 2 1,762,801,375 LINE 3  0 LINE 4 0 LINE 5 0 LINE 6 1,764,203,298 LINE 7A 0 LINE 7B 0 LINE 7C 0 LINE 8 1,764  ,203,298 SECTION B TOTAL SUPPORT CALENDAR YEAR (E) 2018 LINE 9 1,764,203,298 LINE 10A 2  2,864,636 LINE 10B 2,338,364 LINE 10C 25,203,000 LINE 11 0 LINE 12 285,943 LINE 13 1,  789,692,241 SECTION A PUBLIC SUPPORT CALENDAR YEAR (F) TOTAL LINE 1 16,894,336 LINE 2 7  ,386,663,890 LINE 3 274,300 LINE 4 0 LINE 5 0 LINE 6 7,403,832,526 LINE 7A 0 LINE 7B  0 LINE 7C 0 LINE 8 7,403,832,526 SECTION B TOTAL SUPPORT CALENDAR YEAR (F) TOTAL LINE  9 7,403,832,526 LINE 10A 61,373,235 LINE 10B 10,903,899 LINE 10C 72,277,134 LINE 11 0  LINE 12 3,444,086 LINE 13 7,479,553,745 LINE 12 3,444,086 LINE 13 7,479,462,066 LINE  15 PUBLIC SUPPORT PERCENTAGE FOR 2018 98 99% LINE 16 PUBLIC SUPPORT PERCENTAGE FOR 2017  99 09% LINE 17 INVESTMENT INCOME PERCENTAGE FOR 2018 0 97% LINE 18 INVESTMENT INCOME PERC  ENTAGE FOR 2017 0 80% LINE 19A X</p>

990 Schedule A, Supplemental Information	
Return Reference	Explanation
PART IV, SECTION A AND B	SECTION A ALL SUPPORTING ORGANIZATIONS YES NO 1 X 2 X 3A X 4A X 5A X 6 X 7 X 8 X 9A X 9B X 9C X 10A X 11A X 11B X 11C X SECTION B TYPE I SUPPORTING ORGANIZATIONS YES NO 1 X 2 X

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART IV, SECTION B, LINE 1 AND LINE 2 MCHS-FRANCISCAN HEALTH	LINE 1 NO MEMBERS OF MCHS-FRANCISCAN HEALTHCARE CAN MAKE APPOINTMENTS TO THE BOARD OF DIRECTORS, THE TWO MEMBERS OF THE CORPORATION ARE MAYO CLINIC AND THE CONGREGATION OF SISTERS OF THE THIRD ORDER OF SAINT FRANCIS OF PERPETUAL ADORATION LINE 2 YES REGULATION 1 50 9(A)-4(G)(L)(II) STATES THAT AN ORGANIZATION CAN BE CONTROLLED BY ONE PUBLIC CHARITY WHILE OPERATING FOR THE BENEFIT OF A DIFFERENT PUBLIC CHARITY, THIS REGULATION WOULD APPLY TO MCHS-FRANCISCAN HEALTHCARE, INC AS IT BENEFITS THE MEMBERS PURPOSE TO FULFILL SIMILAR CHARITABLE AND HEALTH CARE NEEDS

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART IV, SECTION B, LINE 1 AND LINE 2 MCHS-AUSTIN FOUNDATION	LINE 1 YES LINE 2 NO

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,646,121
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		141,116
<b>j</b>	Total. Add lines 1c through 1i			1,787,237
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	DURING 2018, MAYO CLINIC (MAYO) OFFICIALS HAD MEETINGS AND CONTACTS WITH FEDERAL AND STATE GOVERNMENT OFFICIALS, INCLUDING MEMBERS OF CONGRESS, STATE LEGISLATURES, AND RESPECTIVE EXECUTIVE BRANCH OFFICIALS TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS AND PROPOSED LEGISLATION. THESE DISCUSSIONS AND MEETINGS WERE HELD IN ROCHESTER, MN AS WELL AS WASHINGTON, D C, ST. PAUL, MN AND OTHER MAYO CLINIC SITE LOCATIONS. IN ADDITION, MAYO SENT CORRESPONDENCE TO MEMBERS, STAFF AND OTHER GOVERNMENT OFFICIALS OUTLINING MAYO'S POSITIONS AND RECOMMENDATIONS ON LEGISLATION AND PROPOSED REGULATIONS. MAYO PROVIDES INFORMATION OR EXPRESSES ITS CONCERN TO LEGISLATIVE BODIES AND GOVERNMENT OFFICIALS ON MATTERS DIRECTLY RELATED TO HEALTH, THE DELIVERY OF HEALTH CARE AND MEDICAL EDUCATION AND/OR RESEARCH. IN 2018, MAYO REPRESENTATIVES HAD SEVERAL MEETINGS WITH MEMBERS OF THE LEGISLATIVE AND EXECUTIVE BRANCHES OF GOVERNMENT TO DISCUSS ISSUES RELATING TO PATIENT CARE, EDUCATION AND RESEARCH. THE MAJORITY OF EXPENSES RELATED TO LOBBYING ARE INCURRED BY MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (MFMER), AN AFFILIATED SUPPORT ORGANIZATION OF MAYO CLINIC. IN 2018, THE EXPENSES ASSOCIATED WITH THE ABOVE LOBBYING ACTIVITIES THAT ARE REPORTED ON MFMER'S 2018 FEDERAL FORM 990 TOTALED \$1,252,917. SCHEDULE C PART II-B LINE 1I THE AMOUNT IN OTHER ACTIVITIES REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
MAYO CLINIC GROUP RETURN

Employer identification number  
38-3952644

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☒ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	4,873
1d	2,592
1e	4,144
1f	3,321

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	675,799,917	563,023,595	439,084,796	361,302,630	321,409,434
b Contributions	22,664,654	26,381,268	201,427,649	92,211,141	17,999,471
c Net investment earnings, gains, and losses	15,430,166	112,420,743	23,873,232	5,722,067	24,693,382
d Grants or scholarships					
e Other expenditures for facilities and programs	70,300,464	26,025,689	101,362,082	20,151,042	2,788,825
f Administrative expenses					10,832
g End of year balance	643,594,273	675,799,917	563,023,595	439,084,796	361,302,630

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

47 270 %

b

Permanent endowment

37 010 %

c

Temporarily restricted endowment

15 720 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

Yes	No
3a(i)	No
3a(ii)	Yes
3b	Yes

(ii) related organizations

Yes	No
3a(ii)	Yes
3b	Yes

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3b	Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		129,467,878		129,467,878
b Buildings		4,056,657,106	2,123,772,263	1,932,884,843
c Leasehold improvements		12,253,468	7,178,581	5,074,887
d Equipment		2,464,378,672	1,665,514,691	798,863,981
e Other		335,298,928		335,298,928
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,201,590,517

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) MAYO POOLED INVESTMENTS	1,984,971,581	F
(B) ASSETS HELD BY TRUSTEES	107,581	F
(C) TECH BASED VENTURES	23,792,839	F
(D) PARTNERSHIP INVESTMENT	8,031,775	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	2,016,903,776	

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	3,586,282,800
(2) ART	420,000
(3) CONTRIBUTED ASSETS PENDING DISPOSAL	1,375,062
(4) THIRD PARTY TRUSTS	6,013,868
(5) GIFT ANNUITIES	120,964,161
(6) RELOCATION HOUSES	569,588
(7) OTHER LONG TERM ASSETS	14,830,884
(8) TRUSTS	5,128,068
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	3,735,584,431

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	1,501,224
DUE TO AFFILIATES	2,832,598,181
DEFERRED COMPENSATION LIABILITY	214,652,065
LONG-TERM FINANCING OBLIGATION	21,682,317
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	3,070,433,787

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	
	Schedule D (Form 990) 2018

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 38-3952644  
Name: MAYO CLINIC GROUP RETURN

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	3,586,282,800
(1) ART	420,000
(2) CONTRIBUTED ASSETS PENDING DISPOSAL	1,375,062
(3) THIRD PARTY TRUSTS	6,013,868
(4) GIFT ANNUITIES	120,964,161
(5) RELOCATION HOUSES	569,588
(6) OTHER LONG TERM ASSETS	14,830,884
(7) TRUSTS	5,128,068



## Supplemental Information

Return Reference	Explanation
PART III, LINE 1A	MAYO CLINIC AND ITS AFFILIATES PERIODICALLY RECEIVE WORKS OF ART FROM VARIOUS BENEFACTORS THESE ITEMS ARE UNIQUE IN NATURE AND ARE HELD ON DISPLAY FOR THE BENEFIT AND ENJOYMENT OF MAYO'S PATIENTS IT IS MAYO'S POLICY TO NEITHER CAPITALIZE CONTRIBUTED WORKS OF ART, NOR RECORD THE RELATED CONTRIBUTION REVENUE IN THE RARE OCCURRENCE THAT MAYO CLINIC AND ITS AFFILIATES COMMISSION ART, IT IS REFLECTED AS AN EXPENSE OR ON THE BALANCE SHEET

## Supplemental Information

Return Reference	Explanation
PART III, LINE 4	SINCE ITS INCEPTION, MAYO HAS USED ART, ARCHITECTURE AND BEAUTY IN ITS SURROUNDINGS TO ADDRESS THE "SPIRITUAL ASPECTS" OF MEDICAL CARE BENEFACITOR GIFTS FROM PATIENTS, FRIENDS, EMPLOYEES OR ALUMNI HELP MAYO SUPPORT THE ACQUISITION OF ART USED TO HUMANIZE THE MEDICAL ENVIRONMENT AND COMPLEMENT THE BELIEF THAT RESTORING THE MIND AND SPIRIT IS AN IMPORTANT PART OF MAKING THE BODY WELL WORKS OF ART DISPLAYED ACROSS THE MAYO CAMPUSES PROVIDE BEAUTY, PRESERVATION OF HERITAGE AND RESPECT FOR THE DIVERSITY OF PATIENTS, VISITORS AND STAFF

Supplemental Information	
Return Reference	Explanation
PART IV, LINE 1B	NURSING HOME RESIDENT FUNDS

Supplemental Information	
Return Reference	Explanation
PART IV, LINE 2B	RESIDENT SECURITY DEPOSITS

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS PROVIDE A STABLE FUNDING SOURCE FOR PATIENT, RESEARCH, AND EDUCATION PROGRAMS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	AT DECEMBER 31, 2018 AND 2017, THE RESERVE FOR UNRECOGNIZED TAX BENEFITS WAS NOT SIGNIFICANT, AND AS A RESULT, THERE IS NO RESERVE FOR UNRECOGNIZED TAX BENEFITS RECORDED FOR THE SUBORDINATE ORGANIZATIONS WITHIN THE GROUP RETURN FILING

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization  
MAYO CLINIC GROUP RETURN

**Employer identification number**

38-3952644

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	1,118			3,688,714
<b>b</b> Total from continuation sheets to Part I					20,088,834
<b>c Totals</b> (add lines 3a and 3b)	5	1,610			23,777,548

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>	See Add'l Data								
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									
<b>( 5 )</b>								<b>Schedule F (Form 990) 2018</b>	
<b>( 6 )</b>									
<b>( 7 )</b>									
<b>( 8 )</b>									
<b>( 9 )</b>									
<b>( 10 )</b>									
<b>( 11 )</b>									
<b>( 12 )</b>									
<b>( 13 )</b>									
<b>( 14 )</b>									
<b>( 15 )</b>									
<b>( 16 )</b>									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **▶** 0

3 Enter total number of other organizations or entities . . . . . **▶** 5



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☒ Yes ☐ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☒ Yes ☐ No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2	FEDERAL AWARDS THAT ARE SUBCONTRACTED TO OTHER ORGANIZATIONS ARE REGULARLY MONITORED BY THE FILING ORGANIZATION FOR COMPLIANCE WITH EITHER THE FEDERAL REGULATIONS AND/OR THE CONTRACT PROVISIONS SEE ALSO SCHEDULE I, PART IV FOR ADDITIONAL INFORMATION ON PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AS THE SAME PROCEDURES APPLY TO DOMESTIC AND FOREIGN GRANTS GENERAL INFORMATION ON ACTIVITIES OUTSIDE THE UNITED STATES IS REPORTED BASED ON WHERE PAYMENTS WERE REMITTED OUR CURRENT REPORTING SYSTEM DOES NOT TRACK ACTIVITIES OUTSIDE THE UNITED STATES BY LOCATION OF SERVICE

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART IV - FILING OF CERTAIN FOREIGN FORMS	<p>DISCLOSURE STATEMENT RELATED TO FORM 5713 FORM 5713 HAS BEEN FILED BY THE FOLLOWING MEMBERS OF THE CONTROLLED GROUP MAYO CLINIC (EIN 41-6011702) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (EIN 41-1506440) DISCLOSURE STATEMENT RELATED TO FORM 5471 UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 4 AND 5 FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS (CFCS) THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U S TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT TAXPAYER NAME MAYO CLINIC ADDRESS 200 FIRST STREET SW, ROCHESTER, MN 55905 ID NUMBER OF U S TAX RETURN WITH WHICH FORM 5471 WAS FILED 41-6011702 IRS SERVICE CENTER WHERE U S TAX RETURN WAS OR WILL BE FILED E-FILED TAXPAYER NAME MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH ADDRESS 200 FIRST STREET SW, ROCHESTER, MN 55905 ID NUMBER OF U S TAX RETURN WITH WHICH FORM 5471 WAS FILED 41-1506440 IRS SERVICE CENTER WHERE U S TAX RETURN WAS OR WILL BE FILED E-FILED DISCLOSURE STATEMENT RELATED TO FORM 8865 UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 8865, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN PARTNERSHIPS, AS A CATEGORY 2 AND 3 FILER THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 8865 FOR THESE PARTNERSHIPS BY OTHER U S TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT TAXPAYER NAME MAYO CLINIC ADDRESS 200 FIRST STREET SW, ROCHESTER, MN 55905 ID NUMBER OF U S TAX RETURN WITH WHICH FORM 8865 WAS FILED 41-6011702 IRS SERVICE CENTER WHERE U S TAX RETURN WAS OR WILL BE FILED E-FILED</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-3952644  
**Name:** MAYO CLINIC GROUP RETURN

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	77	TRAVEL		141,973
EAST ASIA AND THE PACIFIC	0	180	TRAVEL		703,316

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	441	TRAVEL		1,756,843
MIDDLE EAST AND NORTH AFRICA	0	45	TRAVEL		256,681

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	203	TRAVEL		431,374
SOUTH AMERICA	0	104	TRAVEL		207,205

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	38	TRAVEL		115,743
SUB-SAHARAN AFRICA	0	30	TRAVEL		75,579



Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	1	5	PATIENT SERVICES	ARRANGE APPOINTMENTS, TRAVEL, ETC	83,422
NORTH AMERICA	2	6	PATIENT SERVICES	ARRANGE APPOINTMENTS, TRAVEL, ETC	146,736

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	2	6	PATIENT SERVICES	ARRANGE APPOINTMENTS, TRAVEL, ETC	103,867
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	PATIENT CARE	15,028

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	2	PROGRAM SERVICES	CONSULTING	82,209
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	
NORTH AMERICA	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND THE NEIGHBORING STATES	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	
SOUTH AMERICA	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		7,246,000
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		60,000



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	3	SUPPLIES & SERVICES PURCHASED		12,062
EAST ASIA AND THE PACIFIC	0	52	SUPPLIES & SERVICES PURCHASED		490,814

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	229	SUPPLIES & SERVICES PURCHASED		4,183,131
MIDDLE EAST AND NORTH AFRICA	0	7	SUPPLIES & SERVICES PURCHASED		180,522

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	135	SUPPLIES & SERVICES PURCHASED		3,860,783
RUSSIA AND THE NEIGHBORING STATES	0	1	SUPPLIES & SERVICES PURCHASED		101,514

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	12	SUPPLIES & SERVICES PURCHASED		71,914
SOUTH ASIA	0	8	SUPPLIES & SERVICES PURCHASED		56,784

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	1	SUPPLIES & SERVICES PURCHASED		1,157
EAST ASIA AND THE PACIFIC	0	0	ROYALTY INCOME		

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	ROYALTY INCOME		
NORTH AMERICA	0	0	ROYALTY INCOME		

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	4	SUPPLIES & SERVICES PURCHASED	MARKETING	1,117,588
EAST ASIA AND THE PACIFIC	0	6	SUPPLIES & SERVICES PURCHASED	MARKETING	779,738

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	2	SUPPLIES & SERVICES PURCHASED	MARKETING	71,429
MIDDLE EAST AND NORTH AFRICA	0	8	SUPPLIES & SERVICES PURCHASED	MARKETING	988,491



Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	4	SUPPLIES & SERVICES PURCHASED	MARKETING	406,940
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		28,705

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH SUBAWARD	11,660	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER	0		
		NORTH AMERICA	RESEARCH SUBAWARD	7,828	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER	0		

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH SUBAWARD	27,970	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER	0		
		NORTH AMERICA	RESEARCH SUBAWARD	5,125	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH SUBAWARD	48,660	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER	0		

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
MAYO CLINIC GROUP RETURN

Employer identification number  
38-3952644

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>DINNER/SILENT AUCTION</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	72,455			72,455
	<b>2</b> Less Contributions . . . . .	39,800			39,800
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	32,655			32,655
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				32,655

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
MAYO CLINIC GROUP RETURN

Employer identification number  
38-3952644

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	No
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			51,067,833		51,067,833	0 760 %
b Medicaid (from Worksheet 3, column a)			521,398,227	286,471,449	234,926,778	3 500 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0			
d Total Financial Assistance and Means-Tested Government Programs			572,466,060	286,471,449	285,994,611	4 260 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,283,423	79,846	3,203,577	0 050 %
f Health professions education (from Worksheet 5)			101,749,714	23,479,870	78,269,844	1 170 %
g Subsidized health services (from Worksheet 6)			520,994,157	353,329,203	167,664,954	2 500 %
h Research (from Worksheet 7)			160,958,343	100,591,247	60,367,096	0 900 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,581,523	0	2,581,523	0 040 %
j Total. Other Benefits			789,567,160	477,480,166	312,086,994	4 660 %
k Total. Add lines 7d and 7j			1,362,033,220	763,951,615	598,081,605	8 920 %



**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			14,135		14,135	0 %
<b>3</b> Community support			1,211,682		1,211,682	0 020 %
<b>4</b> Environmental improvements			18,388		18,388	0 %
<b>5</b> Leadership development and training for community members			17,762		17,762	0 %
<b>6</b> Coalition building			195,302		195,302	0 %
<b>7</b> Community health improvement advocacy			320		320	0 %
<b>8</b> Workforce development			253,841		253,841	0 %
<b>9</b> Other			109,932		109,932	0 %
<b>10 Total</b>			1,821,362		1,821,362	0 020 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
	187,980,611		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	1,565,694,005
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	1,859,415,170
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-293,721,165
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**20**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
REPORTING GROUP A**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	Yes
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP A				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input checked="" type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) MAYOCLINIC ORG			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) MAYOCLINIC ORG			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) MAYOCLINIC ORG			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

## REPORTING GROUP A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

## REPORTING GROUP A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
REPORTING GROUP E**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>MAYOCLINIC.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	Yes
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

## REPORTING GROUP E

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>MAYOCLINIC ORG</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>MAYOCLINIC ORG</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>MAYOCLINIC ORG</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

## REPORTING GROUP E

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

REPORTING GROUP E

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
REPORTING GROUP B**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b> Yes	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>MAYOCLINICHEALTHSYSTEM ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b> Yes	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP B			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input checked="" type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) MAYOCLINIC ORG			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) MAYOCLINIC ORG			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) MAYOCLINIC ORG			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

## REPORTING GROUP B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

## REPORTING GROUP B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
REPORTING GROUP C**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b> Yes	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP C			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input checked="" type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) MAYOCLINIC ORG			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) MAYOCLINIC ORG			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) MAYOCLINIC ORG			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

## REPORTING GROUP C

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

## REPORTING GROUP C

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
REPORTING GROUP D

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____	<b>10</b>	No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	Yes
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REPORTING GROUP D			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input checked="" type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) MAYOCLINIC ORG			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) MAYOCLINIC ORG			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) MAYOCLINIC ORG			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

## REPORTING GROUP D

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

## REPORTING GROUP D

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **94**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	MEDICAL INDIGENCY MAY BE USED TO DETERMINE ELIGIBILITY IF A PATIENT BALANCE EXCEEDS 25% OF THE ANNUAL HOUSEHOLD INCOME, BUT THE PATIENT DOES NOT QUALIFY BASED ON FPG, CHARITY WILL BE ADJUSTED TO A MINIMUM OF THE AMOUNT GENERALLY BILLED (AGB) THE AGB IS DETERMINED USING THE LOOK-BACK METHOD AND CALCULATED USING ALL CLAIMS ALLOWED BY PRIVATE PAY INSURERS (INCLUDING MEDICARE ADVANTAGE) AND MEDICARE (TRADITIONAL) FOR INPATIENT AND OUTPATIENT SERVICES FOR THE YEAR

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	IN 2018, SOME, BUT NOT ALL, OF THE SUBORDINATES OF THE GROUP PRODUCED AN ANNUAL REPORT FOR THE COMMUNITY THAT WAS MADE AVAILABLE TO THE PUBLIC ON THE WEB

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A-7C (FINANCIAL ASSISTANCE, MEDICAID SHORTFALL, AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS) THE AMOUNTS FOR LINES 7E-7I WOULD COME FROM THE BOOKS AND RECORDS OF SPECIFIC SEGMENTS OF THE SUBORDINATE ORGANIZATIONS AND WOULD NOT BE BASED ON A COST-TO-CHARGE RATIO

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	THE FOLLOWING NET COMMUNITY BENEFIT COST ATTRIBUTED TO PHYSICIAN CLINICS WERE INCLUDED AS SUBSIDIZED HEALTH SERVICES \$53,677,279

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 174,502,964

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 5A	THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN ESTIMATE CHARITY CARE FOR FINANCIAL PLANNING PURPOSES ONLY THE ESTIMATED AMOUNT OF CHARITY CARE DOES NOT INFLUENCE OR HAVE ANY IMPACT ON THE AMOUNT OF CHARITY CARE PROVIDED

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	DONATIONS AND GRANTS TO PUBLIC, PRIVATE AND NONPROFIT ORGANIZATIONS ASSIST WITH SUSTAINING AND ENHANCING THE DETERMINENTS OF HEALTH OF THE COMMUNITIES SERVED

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE IS DETERMINED BASED ON GAAP AND IS EXPLAINED IN THE ACCOUNTS RECEIVABLE FOOTNOTE OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTES RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCE FOR DOUBTFUL ACCOUNTS CAN BE FOUND ON PAGES 7 AND 11 OF MAYO CLINIC'S 2018 CONSOLIDATED AUDITED FINANCIAL STATEMENTS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	<p>THE MEDICARE SHORTFALL REFLECTED ON SCHEDULE H, PART III, SECTION B WAS DETERMINED USING INFORMATION FROM THE MEDICARE COST REPORTS OF THE HOSPITALS OF THE SUBORDINATES (USING A MEDICARE COST REPORT STEP-DOWN METHODOLOGY) HOWEVER, USING A FINANCIAL STATEMENT COST-TO-CHARGE RATIO METHODOLOGY ACTUALLY RESULTS IN A MEDICARE SHORTFALL OF APPROXIMATELY \$474,375,000 THE MOST COMMON REASONS FOR A DIFFERENCE BETWEEN THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H AND THE MEDICARE SHORTFALL BASED ON THE FINANCIAL STATEMENTS INCLUDE (1) INCLUSION OF MEDICARE ADVANTAGE REVENUE AND EXPENSES, (2) INCLUSION OF PART B REVENUE AND EXPENSES, (3) INCLUSION OF OTHER FEE SCHEDULE REVENUE, AND (4) SOME TIMING ISSUES THE MEDICARE SHORTFALL REPORTED IN THE CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS REPORTS THE TOTAL MEDICARE SHORTFALL RELATED TO PATIENT CARE PROVIDED BY ALL SUBORDINATES IN THE GROUP RETURN AND IS THEREFORE NOT ADJUSTED FOR EDUCATION EXPENSE AND SUBSIDIZED HEALTH SERVICES REASONS WHY THE MEDICARE SHORTFALL REPORTED ON LINE 7, IF ANY, SHOULD BE TREATED AS COMMUNITY BENEFIT ARE (1) ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS, (2) BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS, (3) THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION IN REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS, AND (4) THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT NEEDS</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	<p>MAYO CLINIC AND ITS AFFILIATES STRIVE TO ASSIST ALL PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION AND CONSIDER FINANCIAL ASSISTANCE PRIOR TO ENLISTING THE ASSISTANCE OF A COLLECTION AGENCY MAYO CLINIC AND AFFILIATES ALSO MAKE REASONABLE ATTEMPTS TO COLLECT FROM INSURANCE COMPANIES AND OTHER THIRD-PARTY PAYORS BEFORE REQUESTING PAYMENT FROM A PATIENT IN ADDITION, MAYO CLINIC AND ITS AFFILIATES ACCEPT REASONABLE PAYMENT PLANS FROM PATIENTS WHEN AN ACCOUNT IS THE PATIENT'S RESPONSIBILITY AND TRY TO IDENTIFY THOSE PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE IS OFFERED TO ANY PATIENT IF THE FACTS AND CIRCUMSTANCES SUGGEST THAT THE PATIENT DOES NOT HAVE THE ABILITY TO PAY THEIR BILL IN WHOLE OR IN PART IN THE EVENT THAT AN ACCOUNT IS REFERRED TO A COLLECTION AGENCY, GUIDELINES ARE FOLLOWED, INCLUDING SUSPENDING ALL COLLECTION ACTIVITY IF A FINANCIAL ASSISTANCE APPLICATION HAS BEEN SUBMITTED AFTER THE ACCOUNT HAS BEEN REFERRED FOR COLLECTION IF A COLLECTION AGENCY IDENTIFIES A PATIENT AS POTENTIALLY MEETING MAYO CLINIC'S FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA, OR THE PATIENT ASKS TO APPLY FOR FINANCIAL ASSISTANCE, COLLECTION ACTIVITY IS SUSPENDED UNTIL MAYO REVIEWS THE ACCOUNT FOR FINANCIAL ASSISTANCE ELIGIBILITY BASED ON SUBMISSION OF REQUESTED INFORMATION COLLECTION ACTIVITY WOULD ONLY RESUME IF THE PATIENT IS DETERMINED TO BE INELIGIBLE FOR FINANCIAL ASSISTANCE OR IS ELIGIBLE FOR ONLY PARTIAL FINANCIAL ASSISTANCE AND DOES NOT AGREE TO PAY THE REMAINING BALANCE</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>MAYO CLINIC, THE CENTRAL ORGANIZATION FOR THE SUBORDINATES INCLUDED IN THIS GROUP RETURN, ATTRACTS PATIENTS FROM AREAS FAR BEYOND ITS IMMEDIATE COMMUNITIES PATIENTS COME TO MAYO CLINIC FROM EVERY STATE AND MANY FOREIGN COUNTRIES BESIDES ITS PRINCIPAL CLINICAL AND HOSPITAL FACILITIES IN ROCHESTER, MINNESOTA, MAYO CLINIC HAS FACILITIES IN SCOTTSDALE AND PHOENIX, ARIZONA AS WELL AS JACKSONVILLE, FLORIDA MAYO CLINIC ALSO HAS A NETWORK OF COMMUNITY BASED HEALTH CARE PROVIDERS IN OVER 60 COMMUNITIES THROUGHOUT SOUTHERN MINNESOTA, NORTHERN IOWA, AND WEST CENTRAL WISCONSIN IN ADDITION, MAYO CLINIC SUPPORTS AND COORDINATES EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING WITHIN EACH OF THE COMMUNITIES IT SERVES AS WELL AS CONDUCTING MEDICAL EDUCATION AND RESEARCH ACTIVITIES TO ADVANCE THE SCIENCE OF MEDICINE TO BENEFIT A BROAD RANGE OF REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES THE SUBORDINATES INCLUDED IN THIS GROUP RETURN WORK COLLABORATIVELY WITH THEIR INPATIENT AND OUTPATIENT PRACTICES TO MEET THE HEALTH CARE NEEDS OF THEIR RESPECTIVE LOCAL COMMUNITIES THESE ENTITIES ARE COLLECTIVELY REFERRED TO AS "MAYO CLINIC" FOR PURPOSES OF THIS DESCRIPTION MAYO CLINIC'S EFFORTS TO ASSESS THE HEALTH CARE NEEDS OF THE LOCAL COMMUNITIES REST ON FOUR GUIDING PRINCIPLES DEVELOPED IN CONJUNCTION WITH COMMUNITY PARTNERS AND AFFIRMED BY MAYO CLINIC LEADERSHIP 1 HEALTH IS VALUED BY BOTH THE COMMUNITY AND MAYO CLINIC 2 "HEALTH" IS DETERMINED BY BOTH MEDICAL AND NON-MEDICAL (E G , SOCIAL AND BEHAVIORAL) FACTORS AND BOTH CATEGORIES OF FACTORS MUST BE ADDRESSED 3 MAYO CLINIC IS COMMITTED TO PRODUCING MEASURABLE IMPROVEMENTS IN THE HEALTH OF LOCAL COUNTY RESIDENTS AND BEYOND 4 STRATEGIES TO IMPROVE COMMUNITY HEALTH ARE BEST DETERMINED AND IMPLEMENTED THROUGH PARTNERSHIPS BETWEEN HEALTH CARE PROVIDERS AND COMMUNITY MEMBERS WITH THESE PRINCIPLES AS THE BASIS OF ITS DECISION MAKING, AND CONSISTENT WITH ITS PRIMARY VALUE OF "THE NEEDS OF THE PATIENT COME FIRST", MAYO CLINIC'S APPROACH TO ASSESS THE NEEDS OF THE COMMUNITY IS ORGANIZED INTO TWO MAIN FUNCTIONS 1) MECHANISMS TO ENGAGE AND UTILIZE INPUT FROM THE COMMUNITY AND 2) MECHANISMS TO SUPPORT AND COORDINATE INITIATIVES WITHIN MAYO CLINIC WITHIN MAYO CLINIC, COORDINATION OF COMMUNITY ENGAGEMENT INITIATIVES IS ACCOMPLISHED THROUGH COMMUNITY GIVING COMMITTEES THAT EVALUATE FUNDING AND SPONSORSHIP REQUESTS FROM COMMUNITY AGENCIES AND GUIDES INSTITUTIONAL SUPPORT FOR VARIOUS COMMUNITY INITIATIVES THE COMMITTEES ENSURE THE GUIDING PRINCIPLES ARE FOLLOWED AND FACILITATES COMMUNITY OUTREACH INITIATIVES</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	<p>MAYO CLINIC IS COMMITTED TO OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY FOR THEIR MEDICAL SERVICES IN WHOLE OR IN PART IN ORDER TO ACCOMPLISH THIS CHARITABLE GOAL, MAYO CLINIC AND MAYO CLINIC HEALTH SYSTEM SITES WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY IN THE COMMUNITIES THAT THE INDIVIDUAL MAYO CLINIC AFFILIATED SITES SERVE MAYO CLINIC AFFILIATED SITES MAKE COPIES OF THIS POLICY AND APPLICATIONS AVAILABLE ON THEIR WEBPAGES, INCLUDING THE ABILITY TO DOWNLOAD A COPY OF THE POLICY AND APPLICATION FREE OF CHARGE INDIVIDUALS IN THE COMMUNITY SERVED WILL BE ABLE TO OBTAIN A COPY OF THE POLICY IN LOCATIONS THROUGHOUT EACH MAYO CLINIC AFFILIATED SITE OR UPON REQUEST IN PERSON OR BY PHONE THE FINANCIAL ASSISTANCE POLICY (FAP) AND THE PLAIN LANGUAGE SUMMARY (PLS) EXPLAIN THE FINANCIAL ASSISTANCE PROGRAM AND OUTLINES ELIGIBILITY CRITERIA AND PROVIDES INSTRUCTIONS TO SUBMIT AN APPLICATION WITHIN EACH HOSPITAL FACILITY, A BROCHURE IS MADE AVAILABLE IN NUMEROUS LOCATIONS THROUGHOUT THE FACILITY WHICH DESCRIBES THE FINANCIAL ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE, AND GIVES THE INTERNET ADDRESS WHERE THE COMPLETE POLICY CAN BE OBTAINED ADDITIONALLY, CHARITABLE CARE AND FINANCIAL ASSISTANCE IS REFERENCED ON PATIENT CORRESPONDENCE INCLUDING THE MONTHLY STATEMENT OF ACCOUNT, ACCOUNT BALANCE LETTERS, AND LATE PAYMENT NOTIFICATIONS ALL PATIENT CORRESPONDENCE REFERENCING CHARITABLE CARE AND FINANCIAL ASSISTANCE INCLUDE INTERNET, PHONE, AND MAILING ADDRESS CONTACT INFORMATION PATIENTS MAY ALSO BE MADE AWARE OF THE FAP VIA THEIR PROVIDER AND/OR OTHER MAYO CLINIC EMPLOYEES, WHO CAN PUT A PATIENT IN CONTACT WITH RESOURCES AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>MAYO CLINIC HOSPITAL - ROCHESTER WORKS COLLABORATIVELY WITH MAYO CLINIC TO FORM AN INTEGRA TED MEDICAL CENTER DEDICATED TO PROVIDING COMPREHENSIVE DIAGNOSIS AND TREATMENT IN VIRTUAL LY EVERY MEDICAL AND SURGICAL SPECIALTY TOGETHER, MAYO CLINIC AND MAYO CLINIC HOSPITAL - ROCHESTER SERVE THE POPULATION OF OLMSTED COUNTY IN MINNESOTA AS WELL AS A WIDER REGIONAL, NATIONAL, AND EVEN INTERNATIONAL POPULATION ALTHOUGH IT SERVES A WIDE RANGE OF HEALTH CA RE NEEDS INCLUDING PRIMARY AND COMMUNITY CARE, MAYO IS ESPECIALLY FOCUSED IN PROVIDING TER TIARY CARE AND SPECIALTY TREATMENT OF THE MORE UNUSUAL AND DIFFICULT MEDICAL CASES DEMOGRA PHICS OF THE LOCAL SERVICE AREA BASED ON U S CENSUS BUREAU QUICK FACTS AS OF JULY 1, 201 8, OLMSTED COUNTY HAD AN ESTIMATED POPULATION OF 156,277, OF WHICH AN ESTIMATED 24 5% OF T HE POPULATION WAS UNDER THE AGE OF 18 AND 15% WAS 65 YEARS OF AGE OR OLDER THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2013 TO 2017 WAS \$72,337 WITH APPROXIMATLEY 8 3% OF THE POPULA TION BELOW THE POVERTY LEVEL MAYO CLINIC ARIZONA (MCA) IS LOCATED IN THE GREATER PHOENIX M ETROPOLITAN AREA MCA'S OUTPATIENT CLINIC IS IN THE NORTHEAST QUADRANT OF SCOTTSDALE, ARIZONA MCA'S INPATIENT HOSPITAL IS LOCATED IN NORTH PHOENIX, APPROXIMATELY 13 MILES NORTHWES T OF THE SCOTTSDALE LOCATION POPULATIONS SERVED ARE FROM THE PHOENIX/SCOTTSDALE AREA, THE SOUTHWESTERN UNITED STATES AND INTERNATIONALLY BOTH PHOENIX AND SCOTTSDALE ARE MORE URBA N AND SUBURBAN COMMUNITIES HOWEVER, MCA RESIDES IN MARICOPA COUNTY - THE LARGEST COUNTY I N THE STATE AND 4TH LARGEST IN THE UNITED STATES IN ADDITION TO LARGE METROPOLITAN, URBAN AND SUBURBAN COMMUNITIES, IT ALSO HAS A LARGER SERVICE AREA OF RURAL AND FARM COMMUNITIES DEMOGRAPHICS BASED ON U S CENSUS BUREAU QUICK FACTS, AS OF JULY 1, 2018, MARICOPA COUN TY HAD AN ESTIMATED POPULATION OF 4,410,824, OF WHICH AN ESTIMATED 24 3% WAS UNDER THE AGE OF 18 AND 14 8% WAS 65 YEARS OF AGE OR OLDER THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2 013 TO 2017 WAS \$58,580 WITH APPROXIMATELY 13 5% OF THE POPULATION BELOW THE POVERTY LEVEL MAYO CLINIC FLORIDA (MCF) AND ITS AFFILIATED CLINIC, MAYO CLINIC JACKSONVILLE (MCJ), ARE LOCATED IN JACKSONVILLE, FLORIDA THE LARGEST PORTION OF THIS SERVICE AREA IS COMPRISED OF DUVAL AND ST JOHNS COUNTIES IN NORTHEAST FLORIDA POPULATIONS SERVED ARE FROM THE JACKSO NVILLE AREA, THE SOUTHEASTERN UNITED STATES AND INTERNATIONALLY THE SERVICE AREA WOULD IN CLUDE METROPOLITAN, URBAN AND SUBURBAN COMMUNITIES IN ADDITION, THE SERVICE AREA WOULD EX TEND TO AREAS WITH RURAL AND FARMING COMMUNITIES MCF/MCJ DOES NOT HAVE PEDIATRIC OR OBSTE TRIC PRACTICES, AND THIS LIMITS ACCESS TO MEDICAID PATIENTS SINCE FLORIDA'S MEDICAID BENEF ITS ARE GENERALLY RESTRICTED TO CHILDREN AND PREGNANT WOMEN HOWEVER, MCF/MCJ DOES HAVE AG REEMENTS WITH THE STATE OF FLORIDA TO PROVIDE A CERTAIN PERCENTAGE OF ORGAN TRANSPLANTS TO MEDICAID OR CHARITY PATIENTS (THE AMOUNT VARIES WITH EACH ORGAN) DEMOGRAPHICS BASED ON U S CENSUS BUREAU QUICK FACTS, AS OF JULY 1, 2018, DUVAL AND ST JOHNS COUNTIES HAD A COMB INED ESTIMATED POPULATION OF 1,204,442, OF WHICH AN ESTIMATED 22 25% WAS UNDER THE AGE OF 18 AND AN ESTIMATED 16 75% WAS 65 YEARS OF AGE OR OLDER THE ESTIMATED MEDIAN HOUSEHOLD IN COME FOR 2013 TO 2017 WAS \$62,468 WITH APPROXIMATELY 11 7% OF THE POPULATION BELOW THE POV ERTY LEVEL MCHS-SOUTHEAST MINNESOTA REGION AND MCHS-LAKE CITY ARE LOCATED IN THE SOUTHEAST REGION OF MINNESOTA SERVICE AREAS ARE PRIMARILY THE COMMUNITIES WITHIN THE ADJACENT COUN TIES OF STEELE, RICE, MOWER, AND FREEBORN, GOODHUE AND WABASHA THE SERVICE AREAS INCLUDE URBAN, SUBURBAN, RURAL AND FARMING COMMUNITIES DEMOGRAPHICS BASED ON THE U S CENSUS BUREAU QUICKFACTS, AS OF JULY 1, 2018, STEELE, RICE, MOWER, AND FREEBORN COUNTIES HAD A COMBIN ED ESTIMATED POPULATION OF 173,781, OF WHICH AN ESTIMATED 23 48% WAS UNDER THE AGE OF 18 A ND AN ESTIMATED 18 35% WAS 65 YEARS OF AGE OR OLDER THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2013 TO 2017 WAS \$56,767 WITH APPROXIMATELY 10 7% OF THE POPULATION BELOW THE POVERTY LEVEL GOODHUE AND WABASHA COUNTIES HAD A COMBINED ESTIMATED POPULATION OF 68,048, OF WHIC H AN ESTIMATED 22 15% WAS UNDER THE AGE OF 18 AND AN ESTIMATED 20 15% WAS OVER THE AGE OF 65 THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2013 TO 2017 WAS \$62,202 WITH APPROXIMATELY 7 5% OF THE POPULATION BELOW THE POVERTY LEVEL MCHS-SOUTHWEST MINNESOTA REGION, MCHS-FAIRM ONT AND MCHS-ST JAMES ARE LOCATED IN THE SOUTHWEST REGION OF MINNESOTA THE LARGEST PORTI ON OF THIS SERVICE AREA IS COMPRISED OF THE COUNTIES OF BLUE EARTH, NICOLLET, MARTIN, BROW N, WASECA, WATONWAN, SCOTT AND LE SUEUR IN SOUTHERN MINNESOTA TO A LESSER EXTENT, THE SER VICE AREA WOULD EXTEND INTO PORTIONS OF ADJACENT COUNTIES IN SOUTHERN MINNESOTA AND NORTHE RN IOWA THIS SERVICE AREA INCLUDES URBAN AND SUBURBAN COMMUNITIES, ALONG WITH RURAL AND F ARM COMMUNITIES DEMOGRAPHICS BASED ON U S CENSUS BUREAU QUICK FACTS AS OF JULY 1, 2018, THE COUNTIES THAT COMPRISE THE LARGEST PORTION OF</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE SERVICE AREA HAD AN ESTIMATED POPULATION OF 352,089, OF WHICH AN ESTIMATED 23 16% WAS UNDER THE AGE OF 18 AND AN ESTIMATED 17 3% WAS 65 YEARS OF AGE OR OLDER THE ESTIMATED ME DIAN HOUSEHOLD INCOME FOR 2013 TO 2017 WAS \$61,203 WITH APPROXIMATELY 9 68% OF THE POPULAT ION BELOW THE POVERTY LEVEL MCHS-NW WISCONSIN REGION IS LOCATED IN WESTERN WISCONSIN THE LARGEST PORTION OF THIS SERVICE AREA IS COMPRISED OF THE COUNTIES OF EAU CLAIRE, DUNN, TRE MPEALEAU, BARRON AND CHIPPEWA TO A LESSER EXTENT, THE SERVICE AREA WOULD EXTEND INTO PORT IONS OF ADJACENT COUNTIES IN WESTERN WISCONSIN THIS SERVICE AREA INCLUDES URBAN AND SUBUR BAN COMMUNITIES, ALONG WITH RURAL AND FARM COMMUNITIES DEMOGRAPHICS BASED ON U S CENSUS BUREAU QUICK FACTS AS OF JULY 1, 2018, THE COUNTIES THAT COMPRISE THE LARGEST PORTION OF THE SERVICE AREA HAD AN ESTIMATED POPULATION 288,406, OF WHICH AN ESTIMATED 21 78% OF THE POPULATION WAS UNDER THE AGE OF 18 AND 17 48% WAS 65 YEARS OF AGE OR OLDER THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2013 TO 2017 WAS \$53,058 WITH APPROXIMATELY 11 62% OF THE POPU LATION BELOW THE POVERTY LEVEL MCHS-FRANCISCAN MEDICAL CENTER, INC SERVES THE RESIDENTS O F BUFFALO, CRAWFORD, GRANT, JACKSON, JUNEAU, LA CROSSE, MONROE, RICHLAND, SAUK, AND VERNON , COUNTIES IN WISCONSIN, FILLMORE, HOUSTON, WABASHA, AND WINONA, COUNTIES IN MINNESOTA, AN D ALLAMAKEE AND WINNESHIEK COUNTIES IN IOWA THE CITIES OF LA CROSSE AND WINONA REPRESENT SMALL METROPOLITAN AREAS AND THE BALANCE OF THE SERVICE AREA IS EITHER RURAL OR SMALL TOWN S DEMOGRAPHICS BASED ON U S CENSUS BUREAU QUICK FACTS AS OF JULY 1, 2018, THE ESTIMATED POPULATION OF THE SERVICE AREA WAS 550,724, OF WHICH AN ESTIMATED 21 76% WAS UNDER THE AGE OF 18 AND 19 57% WAS 65 YEARS OF AGE OR OLDER THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2013 TO 2017 WAS \$53,398 WITH APPROXIMATELY 11 6% OF THE POPULATION BELOW THE POVERTY LEVE L</p>

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Form and Line Reference	Explanation
PART VI, LINE 5	<p>THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN ARE AFFILIATES OF MAYO CLINIC MAYO CLINIC AND ITS AFFILIATES ARE LARGE, MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICES AND HEALTH SYSTEMS AT MAYO CLINIC, DOCTORS FROM EVERY MEDICAL SPECIALTY WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF "THE NEEDS OF THE PATIENT COME FIRST " THE ORGANIZATIONS (INCLUDING HOSPITAL AND NON-HOSPITAL ENTITIES) WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, NATIONAL, AND GLOBAL LEVELS THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION, AND RESEARCH SPECIFICALLY, THE TAX-EXEMPT PURPOSE OF MAYO CLINIC AND ITS AFFILIATES IS THREE-FOLD PRACTICE - PRACTICE MEDICINE AS AN INTEGRATED TEAM OF COMPASSIONATE, MULTI-DISCIPLINARY PHYSICIANS, SCIENTISTS AND ALLIED HEALTH PROFESSIONALS WHO ARE FOCUSED ON THE NEEDS OF PATIENTS FROM OUR COMMUNITIES, REGIONS, THE NATION AND THE WORLD EDUCATION - EDUCATE PHYSICIANS, SCIENTISTS AND ALLIED HEALTH PROFESSIONALS AND BE A DEPENDABLE SOURCE OF HEALTH INFORMATION FOR OUR PATIENTS AND THE PUBLIC RESEARCH - CONDUCT BASIC AND CLINICAL RESEARCH PROGRAMS TO IMPROVE PATIENT CARE AND TO BENEFIT SOCIETY, INCLUDING PARTNERING WITH MAYO CLINIC HEALTH SYSTEM PRACTICES TO PERFORM PRACTICE-BASED RESEARCH DESIGNED TO IMPROVE PATIENT CARE THROUGH ITS MISSION, MAYO CLINIC AND ITS AFFILIATES ENRICH THE COMMUNITIES IN WHICH THEY OPERATE AS WELL AS THE BROADER COMMUNITY - IMPROVING MEDICINE THROUGH RESEARCH, EDUCATING PHYSICIANS AND OTHER HEALTH CARE PROVIDERS, AND PROVIDING CARE AND SUPPORT TO PEOPLE IN NEED PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS ON FORM 990, PART III, FOR FURTHER DESCRIPTION OF THE FILING ORGANIZATION'S ACTIVITIES SURPLUS FUNDS - MAYO CLINIC AND ITS AFFILIATES REINVEST THEIR NET OPERATING INCOME TO ADVANCE MEDICAL RESEARCH AND TEACH THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS, AS WELL AS TO ALLOW THE INDIVIDUAL ENTITY TO SUSTAIN ITS MISSION AND PREPARE FOR THE FUTURE COMMUNITY REPRESENTATION ON GOVERNING BODY - THE BOARD OF TRUSTEES IS THE GOVERNING BODY OF MAYO CLINIC A MAJORITY OF ITS MEMBERS ARE EXTERNAL, INDEPENDENT TRUSTEES IT HAS OVERALL RESPONSIBILITY FOR THE CHARITABLE, CLINICAL PRACTICE, SCIENTIFIC AND EDUCATIONAL MISSION AND PURPOSES OF MAYO CLINIC AND ITS AFFILIATES AS SET FORTH IN ITS ARTICLES OF INCORPORATION AND BYLAWS BECAUSE OF MAYO CLINIC'S NATIONAL PRESENCE, THESE TRUSTEES ARE SELECTED BASED ON THEIR AREAS OF EXPERTISE, EXPERIENCE, AND OTHER CRITERIA ESTABLISHED BY THE INDEPENDENT NOMINATING COMMITTEE OF THE BOARD OF TRUSTEES AREAS OF EXPERTISE AND EXPERIENCE INCLUDE SUCH AREAS AS HEALTH CARE POLICY, RESEARCH, EDUCATION, BUSINESS, AND GOVERNMENT THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN, WHICH ARE CONTROLLED BY MAYO CLINIC, RELY ON THE COMMUNITY REPRESENTATION OF THE MAYO CLINIC BOARD OF TRUSTEES TO FULFILL THIS REQUIREMENT IN ADDITION TO THIS COMMUNITY REPRESENTATION AT THE PARENT ENTITY, SEVERAL OF THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN ALSO INVOLVES LOCAL COMMUNITY MEMBERS ON THEIR GOVERNING BODIES OPEN V CLOSED STAFF MODEL - SEVERAL OF MAYO CLINIC'S HOSPITAL ENTITIES HAVE OBTAINED LETTER RULINGS APPROVING A STAFF MODEL IN WHICH ONLY MAYO CLINIC EMPLOYED PHYSICIANS ARE GIVEN STAFF PRIVILEGES IN ORDER TO MAINTAIN STANDARD METHODS OF PRACTICE AND PROTOCOLS FOR THOSE ENTITIES, THE PHYSICIANS ARE SALARIED EMPLOYEES AND THUS THE ISSUE OF PRIVATE INUREMENT AND PRIVATE BENEFIT ADDRESSED BY THE OPEN STAFF REQUIREMENT ARE OTHERWISE ADDRESSED THREE OF THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN OPERATE BASED ON THE CLOSED STAFF MODEL EMERGENCY ROOM - THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN MAINTAIN EMERGENCY ROOMS WITHIN THEIR HOSPITAL FACILITIES 24 HOURS A DAY, 7 DAYS A WEEK, WHICH ARE OPEN TO ALL WITHOUT REGARD TO THE ABILITY TO PAY</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6	<p>THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN ARE PART OF A GROUP OF HEALTHCARE ENTITIES AFFILIATED WITH MAYO CLINIC MAYO CLINIC IS THE FIRST AND LARGEST INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICE IN THE WORLD DOCTORS FROM EVERY MEDICAL SPECIALTY WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF "THE NEEDS OF THE PATIENT COME FIRST " MORE THAN 4,900 STAFF PHYSICIANS AND SCIENTISTS AND OVER 60,300 ADMINISTRATIVE AND ALLIED HEALTH STAFF WORK AT MAYO CLINIC, WHICH HAS SITES IN ROCHESTER, MINNESOTA, JACKSONVILLE, FLORIDA, AND SCOTTSDALE/PHOENIX, ARIZONA, AS WELL AS A REGIONAL NETWORK OF HOSPITALS AND CLINICS IN MINNESOTA, WISCONSIN, AND IOWA COLLECTIVELY, MORE THAN 12 MILLION PEOPLE ARE TREATED EACH YEAR SPECIFICALLY, THE SUBORDINATE ORGANIZATIONS WITHIN THE GROUP RETURN PROVIDE ONE OR MORE OF THE FOLLOWING SERVICES AT THEIR RESPECTIVE LOCATIONS MEDICAL EDUCATION, RESEARCH, HOSPITAL AND CLINIC SERVICES FOR MORE SPECIFIC DESCRIPTION, SEE THE RESPONSE TO CORE FORM, PART III, STATEMENT OF PROGRAM ACCOMPLISHMENTS, LINE 4C (REPORTED IN SCHEDULE O)</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	NEITHER THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN, NOR ANY RELATED ORGANIZATION, FILES A COMMUNITY BENEFIT REPORT WITH ANY STATE OTHER THAN THE EXTENT TO WHICH COMMUNITY BENEFIT INFORMATION IS INCLUDED IN OTHER REPORTING REQUIREMENTS SUCH AS INFORMATION PROVIDED TO A STATE HOSPITAL ASSOCIATION

Additional Data

Software ID:  
Software Version:  
EIN: 38-3952644  
Name: MAYO CLINIC GROUP RETURN

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 20		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MAYO CLINIC HOSPITAL ROCHESTER 1216 2ND STREET SW ROCHESTER, MN 55905 WWW.MAYOCLINIC.ORG 00428	X	X	X	X		X	X			E
2	MCHS FRANCISCAN HEALTHCARE LA CROSSE 700 WEST AVENUE SOUTH LA CROSSE, WI 546014796 WWW.MAYOCLINIC.ORG 24	X	X		X			X		CLINIC, PHARMACY	D
3	MAYO CLINIC HOSPITAL IN FLORIDA 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 WWW.MAYOCLINIC.ORG 4493	X	X		X			X			E
4	MCHS EAU CLAIRE 1221 WHIPPLE STREET EAU CLAIRE, WI 54703 WWW.MAYOCLINIC.ORG 48	X	X					X		DIALYSIS	B
5	MCHS MANKATO 1025 MARSH STREET MANKATO, MN 56001 WWW.MAYOCLINIC.ORG 00033	X	X		X			X		CLINIC	A

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>20</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	MAYO CLINIC HOSPITAL (ARIZONA) 5777 EAST MAYO BOULEVARD PHOENIX, AZ 85054 WWW.MAYOCLINIC.ORG H2027	X	X		X			X			E
7	MCHS ALBERT LEA AND AUSTIN 1000 FIRST DRIVE NORTHWEST AUSTIN, MN 55912 WWW.MAYOCLINIC.ORG 00920	X	X					X		CLINIC	A
8	MCHS FAIRMONT 800 MEDICAL CENTER DRIVE FAIRMONT, MN 56031 WWW.MAYOCLINIC.ORG 00359	X	X					X		CLINIC, DIALYSIS	A
9	MCHS RED WING 701 HEWITT BOULEVARD RED WING, MN 55066 WWW.MAYOCLINIC.ORG 21423	X	X					X		CLINIC	C
10	MCHS NEW PRAGUE 301 2ND STREET NORTHEAST NEW PRAGUE, MN 56071 WWW.MAYOCLINIC.ORG 00607	X	X			X		X		WOMENS HEALTH CENTER	A

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>20</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
11	MCHS WASECA 501 NORTH STATE STREET WASECA, MN 56093 WWW.MAYOCLINIC.ORG 00908	X	X			X		X		CLINIC	A
12	MCHS NORTHLAND 1222 EAST WOODLAND BARRON, WI 54812 WWW.MAYOCLINIC.ORG 1018	X	X			X		X		CLINIC, NURSING HOME, AMBULANCE	B
13	MCHS CHIPPEWA VALLEY 1501 THOMPSON STREET BLOOMER, WI 54724 WWW.MAYOCLINIC.ORG 1017	X	X			X		X		CLINIC	B
14	MCHS RED CEDAR 2321 STOUT ROAD MENOMONIE, WI 54751 WWW.MAYOCLINIC.ORG 1044	X	X			X		X		CLINIC, BEHAVIORAL HEALTH, PHYSICAL REHAB	A
15	MCHS FRANCISCAN HEALTHCARE SPARTA 310 WEST MAIN STREET SPARTA, WI 54656 WWW.MAYOCLINIC.ORG 1009	X	X			X			X	CLINIC, BEHAVIORAL HEALTH, DURABLE MEDICAL EQUIPMENT	D

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>20</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
16	MCHS ST JAMES 1101 MOULTON PARSONS DRIVE ST JAMES, MN 56081 WWW.MAYOCLINIC.ORG 00698	X	X			X		X		CLINIC	A
17	MCHS SPRINGFIELD 625 NORTH JACKSON AVENUE SPRINGFIELD, MN 56087 WWW.MAYOCLINIC.ORG 00044	X	X			X		X		CLINIC	A
18	MCHS OAKRIDGE 13025 8TH STREET OSSEO, WI 54758 WWW.MAYOCLINIC.ORG 1003	X	X			X		X		CLINIC, NURSING HOME, RESIDENTIAL CARE/APARTMENT COMPLEX	B
19	MCHS LAKE CITY 500 WEST GRANT STREET LAKE CITY, MN 55041 WWW.MAYOCLINIC.ORG 20693	X	X			X		X		CLINIC, NURSING HOME	C
20	MCHS CANNON FALLS 32021 COUNTY ROAD 24 BOULEVARD CANNON FALLS, MN 55009 WWW.MAYOCLINIC.ORG 140	X	X			X		X		CLINIC, SWING BED	C

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 5 MCHS MANKATO, - FACILITY 7 MCHS ALBERT LEA AND AUSTIN, - FACILITY 8 MCHS FAIRMONT, - FACILITY 10 MCHS NEW PRAGUE, - FACILITY 11 MCHS WASECA, - FACILITY 14 MCHS RED CEDAR, - FACILITY 16 MCHS ST JAMES, - FACILITY 17 MCHS SPRINGFIELD



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- MCHS MANKATO PART V, SECTION B, LINE 5	COMMUNITY INPUT WAS SOLICITED FROM REPRESENTATIVES OF COMMUNITY ORGANIZATIONS SUCH AS THE OPEN DOOR HEALTH CENTER, MINNESOTA VALLEY ACTION COUNCIL, SALVATION ARMY, AND VINE FAITH IN ACTION AND OVER 1,000 EXTENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEYS WERE COMPLETED IN ASSISTING IN THE IDENTIFICATION OF COMMUNITY HEALTH NEEDS AN ADDITIONAL SURVEY PROCESS WITH COMMUNITY ORGANIZATIONS SERVING A CROSS SECTION OF CONSTITUENTS, INCLUDING THE UNDERSERVED, PROVIDED PRIORITIZATION OF THE TOP TWO IDENTIFIED NEEDS ALL SURVEYS AND COMMUNITY INPUT OCCURRED BETWEEN APRIL 1 AND AUG 19, 2016 THE BLUE EARTH, LE SUEUR AND NICOLLET COUNTY PUBLIC HEALTH DEPARTMENTS PROVIDED VALUABLE INPUT INTO THE IDENTIFICATION OF A WIDE VARIETY OF KNOWN HEALTH NEEDS IN THE COMMUNITY THIS INFORMATION, INCLUDING INPUT FROM FOUR OTHER SOUTHERN MINNESOTA HEALTH DEPARTMENTS (BROWN COUNTY PUBLIC HEALTH, HUMAN SERVICES OF FARIBAULT AND MARTIN COUNTIES, WASECA COUNTY PUBLIC HEALTH, AND WATONWAN PUBLIC HEALTH) WAS BUILT INTO THE SURVEY THAT WAS USED FOR COMMUNITY INPUT THE SURVEY INSTRUMENT WAS THEN DESIGNED AND ADMINISTERED BY A SENIOR RESEARCH SCIENTIST WITH THE MINNESOTA DEPARTMENT OF HEALTH

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- MCHS MANKATO PART V, SECTION B, LINE 6B	BLUE EARTH COUNTY PUBLIC HEALTH DEPARTMENTNICOLLET COUNTY PUBLIC HEALTHLE SUEUR COUNTY PUBLIC HEALTHPUBLIC HEALTHOPEN DOOR HEALTH CENTERMINNESOTA VALLEY ACTION COUNCILSALVATION ARMYVINE FAITH IN ACTION

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- MCHS MANKATO PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - SWMN REGION IN MANKATO (M CHS-MANKATO) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT OBESITYHYPERTENSIONIN 2018, MCH S-MANKATO TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBESITY TO PROMOTE HE ALTH AND WELLNESS LIFESTYLE CHOICES TO THE PUBLIC, MCHS-MANKATO - PROVIDED A COMMUNITY GAR DEN AS AN OPPORTUNITY TO TEACH GARDENING SKILLS, HEALTHY EATING AND HEALTHY RECIPES - HELD A POP UP EVENT AT THE LOCAL MALL TO ENCOURAGE HEALTHY ACTIVITY, GAVE AWAY CALENDARS AND P EDOMETERS TO MALL WALKERS AND SHARED INFORMATION ABOUT THE MAYO MILE, A ONE MILE WALKING P ATH WITHIN THE MALL - PARTICIPATED IN BABY &amp; KIDS TO PROMOTE REDUCED SCREEN TIME FOR KIDS, GAMES TO KEEP THEM ACTIVE, AND "RETHINK YOUR DRINK", A DISPLAY FROM A DIETITIAN EDUCATING ON SUGAR IN KIDS' DRINKS - PARTICIPATED IN THE LAKE CRYSTAL JUNGLE BOOGIE TO PROMOTE RED UCED SCREEN TIME FOR KIDS AND GAMES TO KEEP THEM ACTIVE - CLINICAL DIETITIAN PRESENTED ON HEALTHY SNACKS &amp; ALTERNATIVE FOODS TO FAMILIES WITH TYPE 1 DIABETES AT CAMP SWEET LIFE CON NECTS, AN EDUCATIONAL SUPPORT GROUP FOR FAMILIES OF CHILDREN WITH TYPE 1 DIABETES - CLINIC AL DIETITIAN PRESENTED ON SPORTS NUTRITION TO THE BETHANY LUTHERAN COLLEGE SOFTBALL TEAM - HOSTED A BARIATRIC SURGERY SUPPORT GROUP (12 MEETINGS), TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITY, MCHS-MANKATO COLLABORATED WITH THE FOLLOWING ORGANIZATIONS - CHILDREN'S MUS EUM PROVIDED \$20,000 FINANCIAL SUPPORT AND OVER \$11,000 IN-KIND SUPPORT FOR WELLNESS CONT ENT PROVIDED TO MUSEUM MEMBERS AND GUESTS, PROVIDED GUEST EXPERTS AT MUSEUM PROGRAMMING SU CH AS TODDLER WEDNESDAY AND THE HEALTHY SUMMER INITIATIVE - MANKATO MARATHON AS A PRESENT ING SPONSOR, PROVIDED INFUSED WATER, ENCOURAGED HEALTHY HYDRATION AND IN-KIND MEDICAL SUPP ORT AND STRETCH ZONE ON RACE DAY - RIVER HILLS MALL PROVIDED HEALTH AND WELLNESS INFORMAT ION ON A LITERATURE RACK, HELD A HEART HEALTH EVENT AND A POP UP EVENT TO ENCOURAGE MALL W ALKING - VINE FAITH IN ACTION THE TRAUMA TEAM AND OTHER MCHS EXPERTS FACILITATED, FREE O F CHARGE, A STEPPING ON PROGRAM, AN EVIDENCE-BASED PROGRAM TO REDUCE FALL RISK IN OLDER AD ULTS MAYO CLINIC EXPERTS ALSO HOSTED SIX VINE SPEAKER SERIES PRESENTATIONS RELATED TO HEA LTH, WELLNESS AND NUTRITION - PROVIDED \$152,000 IN SPONSORSHIPS TO COMMUNITY ORGANIZATION S PROMOTING HEALTH AND WELLNESS SUCH AS UNITED WAY, GIRLS ON THE RUN, AND THE FOOD BACKPAC K PROGRAM - SUPPORTED LOCAL ORGANIZATIONS WITH VOLUNTEERS - FEEDING OUR COMMUNITIES PARTNE RS 165 VOLUNTEER HOURS, ECHO FOOD SHELF - 28 VOLUNTEER HOURS, UNITED WAY FARE FOR ALL DIST RIBUTION - 25 VOLUNTEER HOURS - HOSTED AN EMPLOYEE FOOD DRIVE FOR CADA (COMMITTEE AGAINST DOMESTIC ABUSE) - EMPLOYEES CONTRIBUTED OVER 5,000 POUNDS OF FOOD THAT MCHS-MANKATO COLLE CTED AND DELIVERED TO THE SHELTER - PARTICIPATED IN THE FOLLOWING COMMUNITY COALITIONS TO COLLABORATE AND IMPROVE HEALTH SHIP CLT (COMMUNITY LEADERSHIP TEAM THAT ADVISES SHIP WORK AND PROJECTS), MANKATO AREA C</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 5 -- MCHS MANKATO PART V, SECTION B, LINE 11	ARE NETWORK, AND THE INCLUSIVE HEALTH COALITION HYPERTENSION TO RAISE AWARENESS THROUGH CO MMUNITY BASED EDUCATION AND RAISE AWARENESS OF THE HEALTH RISKS ASSOCIATED WITH HYPERTENSI ON, MCHS-MANKATO - HELD A HEART HEALTH EVENT AT RIVER HILLS MALL FEATURING A GIANT INFLATA BLE HEART, HEALTHY SNACK IDEAS, BLOOD PRESSURE CHECKS, A KID'S ACTIVITY STATION AND AN OPP ORTUNITY FOR KIDS TO LISTEN TO THEIR HEARTS - SPONSORED THE GO RED FOR WOMEN EVENT AT WHIC H TWO MCHS PHYSICIANS WERE THE KEYNOTE SPEAKERS - HAD A STROKE BOOTH AT THE LOVE YOUR HEAR T EVENT WHERE A STAFF PERSON TALKED ABOUT STROKE SYMPTOMS AND HANDED OUT MAGNETS TO PROVID E SUPPORT SERVICES THROUGH COMMUNITY BASED OUTREACH, MCHS-MANKATO - CONDUCTED OVER 100 BLO OD PRESSURE CHECKS AT VARIOUS COMMUNITY EVENTS - HELD MONTHLY STROKE SUPPORT GROUP MEETING S IN ADDITION TO THE ACTIONS DESCRIBED ABOVE, MCHS-MANKATO ALSO DISSEMINATED HEALTH INFORM ATION ON THE IDENTIFIED NEEDS THROUGH THE MEDIA - TEN PRINT ARTICLES ON OBESITY AND THREE PRINT ARTICLES FOR HEART/HYPERTENSION IN LOCAL NEWSPAPERS,- TV MIDDAY EXPERT ON NEW YEAR'S RESOLUTIONS AND LIFESTYLE CHANGES,- HOMETOWN HEALTH, A PUBLICATION PRODUCED SIX TIMES A Y EAR AND DISTRIBUTED TO MEMBERS OF THE COMMUNITY,- AS AN AFFILIATE OF MAYO CLINIC, HEALTH I NFORMATION IS MADE AVAILABLE TO THE COMMUNITY THROUGH ON-LINE BLOGS WRITTEN BY MAYO CLINIC EXPERTS MCHS-MANKATO IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES THE FOLLOW ING NEEDS FOR THE REASONS AS NOTED - ACCESS TO DENTAL CARE THIS IS OUTSIDE THE EXPERTISE AND RESOURCES AVAILABLE AT THE HOSPITAL - DEATHS CAUSED BY MOTOR VEHICLE ACCIDENTS MAYO CLINIC HEALTH SYSTEM ADDRESSES THIS NEED THROUGH ITS DISTRACTED DRIVER SIMULATOR PROGRAM R EGULARLY SCHEDULED IN THE COMMUNITIES SERVED, HOWEVER THIS ISSUE IS MOST EFFECTIVELY ADDRE SSED THROUGH OTHER COMMUNITY AGENCIES - ALCOHOL AND DRUG USE/ABUSE OTHER AGENCIES IN THE COUNTY, INCLUDING THE LOCAL UNITED WAY, ARE ADDRESSING THESE ISSUES REPRESENTATIVES FROM MAYO CLINIC HEALTH SYSTEM ARE PART OF THIS IMPACT TEAM - TOBACCO MCHS-SWMN CONTINUES TO SUPPORT THE DECREASE IN TOBACCO USE THROUGH PATIENT EDUCATION - MENTAL HEALTH THIS IS A CORE SERVICE OF MCHS-SWMN THAT WILL CONTINUE TO ADDRESS TO MEET THE NEEDS OF OUR PATIENTS - ACCESS TO HEALTH CARE MCHS-SWMN WILL CONTINUE TO FOCUS ON INCREASING ACCESS TO CARE F OR OUR PATIENTS

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- MCHS FAIRMONT PART V, SECTION B, LINE 5	COMMUNITY INPUT MAYO CLINIC HEALTH SYSTEM IN FAIRMONT SURVEYED RANDOMLY SELECTED INDIVIDUALS IN BOTH MARTIN AND FARIBAULT COUNTIES, AND PARTNER ORGANIZATIONS, SUCH AS OPEN DOOR HEALTH CENTER, MINNESOTA VALLEY ACTION COUNCIL, VINE FAITH IN ACTION, AND SALVATION ARMY, WHO ALSO SERVE THIS AREA COUNTY RESIDENT AND KEY SERVICE ORGANIZATION INPUT WERE ESSENTIAL IN DRIVING THE IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS THEY REPRESENTED A BROAD RANGE OF THE COMMUNITY INCLUDING CHILDREN, ADULTS, SENIORS, FAMILIES AND UNDERSERVED POPULATIONS SURVEYS AND COMMUNITY INPUT OCCURRED BETWEEN APRIL AND AUGUST 2016 PUBLIC HEALTH DEPARTMENT INPUT HUMAN SERVICES OF FARIBAULT AND MARTIN COUNTIES PROVIDED VALUABLE INFORMATION REGARDING COMMUNITY HEALTH NEEDS AND A UNIQUE PERSPECTIVE FOR UNDERSERVED POPULATIONS THIS PUBLIC HEALTH DEPARTMENT REPRESENTS ALL RESIDENTS IN FARIBAULT AND MARTIN COUNTIES AND HAS A SIGNIFICANT FOCUS ON PROVIDING SERVICES FOR LOW- AND MODERATE-INCOME RESIDENTS THIS AGENCY PROVIDES SOCIAL SERVICES FOR CHILDREN, ADULTS, SENIORS AND INDIVIDUALS WITH DISABILITIES, AS WELL AS SERVICES IN MATERNAL-CHILD HEALTH, DISEASE PREVENTION AND CONTROL, COMMUNITY AND EMERGENCY PREPAREDNESS AND ENVIRONMENTAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- MCHS FAIRMONT PART V, SECTION B, LINE 6B	HUMAN SERVICES OF FARIBAULT AND MARTIN COUNTIES OPEN DOOR HEALTH CENTER MINNESOTA VALLEY ACTION COUNCIL SALVATION ARMY VINE FAITH IN ACTION

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- MCHS FAIRMONT PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - SWMN, FAIRMONT HOSPITAL ( MCHS-FAIRMONT) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT - OBESITY-HYPERTENSION (HIGH BLOOD PRESSURE)IN 2018, MCHS-FAIRMONT TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIE D NEEDS OBESITY TO INCREASE PHYSICAL ACTIVITY OPPORTUNITIES AND AWARENESS OF PROPER NUTRI TION AND EDUCATION REGARDING ITS IMPORTANCE FOR LONG TERM HEALTH FOR YOUTH AND FAMILIES, M CHS-FAIRMONT - PROVIDED MONETARY SUPPORT OF \$23,813, DONATED 166 PAID STAFF HOURS &amp; HEALTH EDUCATION MATERIALS, AND EMPLOYEES VOLUNTEERED 160 HOURS TO THE 27 COMMUNITY ORGANIZATION S AND EVENTS TO PROMOTE COMMUNITY WELLNESS - HOSTED A BARIATRIC SURGERY SUPPORT GROUP (12 MEETINGS),- ENGAGED WITH THE LIVING WELL WITH DIABETES SUPPORT GROUP (12 MEETINGS)- COORDI NATED THE ANNUAL COMMUNITY WELLNESS CHALLENGE, -COORDINATED SCHOOL WELLNESS WEEK,-PROVIDED COMPLIMENTARY HEIGHT AND WEIGHT CHECKS AND SPEAKERS ON TOPICS OF RETHINK YOUR DRINK AND H EALTHY SNACKS AT AREA SERVICE CLUBS, COMMUNITY BUSINESSES AND COMMUNITY EVENTS,HYPERTENSIO N (HIGH BLOOD PRESSURE) TO RAISE AWARENESS THROUGH COMMUNITY BASED EDUCATION AND INFORMAT ION REGARDING THE HEALTH RISKS ASSOCIATED WITH HYPERTENSION AND TO PROVIDE SUPPORT SERVICE S THROUGH COMMUNITY BASED OUTREACH, MCHS-FAIRMONT - OFFERED COMPLIMENTARY BLOOD PRESSURE S CREENINGS AT THE COUNTY FAIR AND ON A WEEKLY BASIS AT MCHS-FAIRMONT - DISTRIBUTED EDUCATIO NAL BROCHURES AND FAST MAGNETS AT THE MARTIN COUNTY FAIR, HEALTHY LIVING EXPO, ARMSTRONG W ELLNESS FAIR AND LOVE YOUR HEART EVENT- HELD A HEART HEALTH EVENT AT THE LOCAL FAIRMONT MA LL FEATURING A GIANT INFLATABLE HEART, HEALTHY SNACK IDEAS, BLOOD PRESSURE CHECKS, AND KID 'S ACTIVITY STATIONIN ADDITION TO THE ACTIONS DESCRIBED ABOVE, MCHS-FAIRMONT ALSO DISSEMIN ATED HEALTH INFORMATION ON THE IDENTIFIED NEEDS THROUGH THE MEDIA - 6 ARTICLES WERE PUBLIS HED IN LOCAL NEWSPAPERS,- AS AN AFFILIATE OF MAYO CLINIC, HEALTH INFORMATION IS MADE AVAIL ABLE TO THE PUBLIC THROUGH ON-LINE BLOGS WRITTEN BY MAYO CLINIC EXPERTS THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-FAIRMONT IS NOT ADDRESSING OR ADDRESSING WITH AD DITIONAL RESOURCES FOR THE REASONS STATED - ACCESS TO DENTAL CARE THIS IS OUTSIDE THE EXP ERTISE AND RESOURCES AVAILABLE AT THE HOSPITAL - DEATHS CAUSED BY MOTOR VEHICLE ACCIDENTS MAYO CLINIC HEALTH SYSTEM DOES ADDRESS THIS NEED THROUGH OUR DISTRACTED DRIVER SIMULATOR PROGRAM REGULARLY SCHEDULED IN OUR COMMUNITIES, HOWEVER THIS ISSUE IS MOST EFFECTIVELY AD DRESSED THROUGH OTHER COMMUNITY AGENCIES - ALCOHOL AND DRUG USE/ABUSE OTHERS AGENCIES IN THE COUNTY ARE ADDRESSING THESE ISSUES - TOBACCO WE WILL CONTINUE TO SUPPORT THE DECREA SE IN TOBACCO USE THROUGH PATIENT EDUCATION - MENTAL HEALTH THIS IS A CORE SERVICE OF MA YO CLINIC HEALTH SYSTEM WHICH WE WILL CONTINUE TO ADDRESS TO MEET THE NEEDS OF OUR PATIENT S, HOWEVER, STRATEGIES HAVE NOT BEEN IDENTIFIED BY OUR COMMUNITY TO WARRANT MENTAL HEALTH TO BE CHOSEN AS A STRATEGY FOR</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 8 -- MCHS FAIRMONT PART V, SECTION B, LINE 11	THIS CURRENT IMPLEMENTATION PLAN - ACCESS TO HEALTH CARE MAYO CLINIC HEALTH SYSTEM WILL CONTINUE TO FOCUS ON INCREASING ACCESS TO CARE FOR OUR PATIENTS



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- MCHS NEW PRAGUE PART V, SECTION B, LINE 5	COMMUNITY INPUTMAYO CLINIC HEALTH SYSTEM IN NEW PRAGUE SURVEYED RANDOMLY SELECTED INDIVIDUALS IN LE SUEUR COUNTY, AND PARTNER ORGANIZATIONS, SUCH AS OPEN DOOR HEALTH CENTER, MINNESOTA VALLEY ACTION COUNCIL, VINE FAITH IN ACTION, AND SALVATION ARMY, WHO ALSO SERVE THIS AREA COUNTY RESIDENT AND KEY SERVICE ORGANIZATION INPUT WERE ESSENTIAL IN DRIVING THE IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS THEY REPRESENTED A BROAD RANGE OF THE COMMUNITY INCLUDING CHILDREN, ADULTS, SENIORS, FAMILIES, AND UNDERSERVED POPULATIONS SURVEYS AND COMMUNITY INPUT OCCURRED BETWEEN APRIL AND AUGUST 2016 PUBLIC HEALTH DEPARTMENT INPUT SCOTT COUNTY PUBLIC HEALTH AND LE SUEUR COUNTY PUBLIC HEALTH PROVIDED VALUABLE INFORMATION REGARDING COMMUNITY HEALTH NEEDS AND A UNIQUE PERSPECTIVE FOR UNDERSERVED POPULATIONS THESE PUBLIC HEALTH DEPARTMENTS REPRESENT ALL RESIDENTS IN SCOTT AND LE SUEUR COUNTIES AND HAVE A SIGNIFICANT FOCUS ON PROVIDING SERVICES FOR LOW- AND MODERATE-INCOME RESIDENTS THIS AGENCY PROVIDES SOCIAL SERVICES FOR CHILDREN, ADULTS, SENIORS AND INDIVIDUALS WITH DISABILITIES, AS WELL AS SERVICES IN MATERNAL-CHILD HEALTH, DISEASE PREVENTION AND CONTROL, COMMUNITY AND EMERGENCY PREPAREDNESS AND ENVIRONMENTAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- MCHS NEW PRAGUE PART V, SECTION B, LINE 6B	SCOTT COUNTY PUBLIC HEALTHLE SUEUR PUBLIC HEALTHOPEN DOOR HEALTH CENTERMINNESOTA VALLEY ACTION COUNCIL SALVATION ARMY VINE FAITH IN ACTION

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- MCHS NEW PRAGUE PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - SWMN IN NEW PRAGUE (MCHS- NP) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT - OBESITY- HYPERTENSION (HIGH BLOOD PRES SURE)IN 2018, MCHS-NP TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBESITY TO PROMOTE HEALTH AND WELLNESS LIFESTYLE CHOICES TO THE PUBLIC, MCHS-NP - HOSTED OR SPONSO RED THE FOLLOWING PROGRAMS &gt; YOGA IN THE PARK - FOUR FREE SESSIONS TO PROMOTE HEALTHY ACTI VITY TO COMMUNITY &gt; COMMUNITY WALKS - WEEKLY WALK SCHEDULED FOR COMMUNITY MEMBERS IN THE F ALL- PROVIDED SUPPORT TO NEW PRAGUE CHAMBER OF COMMERCE'S RUN NEW PRAGUE EVENT &gt; \$4,000 SP ONSORSHIP,&gt; HELD A RUNNING TRAINING PROGRAM,&gt; PM&amp;R STAFF PROVIDED EXPERTISE TO RUNNERS AT PACKET PICKUP&gt; DIETITIAN PROVIDED A HYDRATION STATION WITH FRUIT INFUSED WATER ON RACE DAY - PARTNERED WITH NEW PRAGUE SCHOOL DISTRICT AND ST WENCESLAUS SCHOOL TO OFFER FIT KIDS PR OGRAM - 6 MONTHLY CLASSROOM PROGRAMS FOCUSED ON IMPROVING NUTRITION, INCREASING EXERCISE A ND DECREASING SCREEN TIME HYPERTENSION (HIGH BLOOD PRESSURE) TO RAISE AWARENESS THROUGH C OMMUNITY BASED EDUCATION AND INFORMATION REGARDING THE HEALTH RISKS ASSOCIATED WITH HYPERT ENSION AND TO PROVIDE SUPPORT SERVICES THROUGH COMMUNITY BASED OUTREACH, MCHS - OFFERED CO MPLIMENTARY BLOOD PRESSURE CLINICS AT KCHK LIFESTYLE EXPO AND CHART EMPLOYEE WELLNESS FAIR - PROMOTED THE USE OF SELF-CHECK BLOOD PRESSURE EQUIPMENT AT THE FITNESS CENTER IN ADDITI ON TO THE ACTIONS DESCRIBED ABOVE, MCHS-NP TOOK THE FOLLOWING ACTIONS TO ADDRESS BOTH IDEN TIFIED NEEDS - PARTNERED WITH COMMUNITY MEMBERS AND LOCAL BUSINESS ON A COMMUNITY WELLNES S CHALLENGE - MONTH LONG COMMUNITY CHALLENGE FOCUSING ON A DAILY WELLNESS ACTIVITY - PROMO TED NUTRITIOUS FOODS AND FOOD PREPARATION THROUGH A COOKING DEMONSTRATION AT THE KCHK LIFE STYLE EXPO AND AGING WELL SENIOR FAIR- MCHS DIETITIAN HOSTED AN HERB CLASS FOR LOCAL PEACE CENTER CLIENTS - DISSEMINATED HEALTH EDUCATION INFORMATION THROUGH THE MEDIA &gt; HOMETOWN H EALTH - PUBLICATION OF HEALTH INFORMATION PUBLISHED 6 TIMES PER YEAR,&gt; AS AN AFFILIATE OF MAYO CLINIC, HEALTH INFORMATION IS MADE AVAILABLE TO THE PUBLIC THROUGH ONLINE BLOGS WRITT EN BY MAYO EXPERTS, THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-NP IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES FOR THE REASONS STATED - ACCESS TO DENT AL CARE THIS IS OUTSIDE THE EXPERTISE AND RESOURCES AVAILABLE AT THE HOSPITAL - DEATHS C AUSED BY MOTOR VEHICLE ACCIDENTS MAYO CLINIC HEALTH SYSTEM DOES ADDRESS THIS NEED THROUGH OUR DISTRACTED DRIVER SIMULATOR PROGRAM REGULARLY SCHEDULED IN OUR COMMUNITIES, HOWEVER T HIS ISSUE IS MOST EFFECTIVELY ADDRESSED THROUGH OTHER COMMUNITY AGENCIES - ALCOHOL AND DR UG USE/ABUSE OTHERS AGENCIES IN THE COUNTY ARE ADDRESSING THESE ISSUES - TOBACCO WE WIL L CONTINUE TO SUPPORT THE DECREASE IN TOBACCO USE THROUGH PATIENT EDUCATION - MENTAL HEAL TH THIS IS A CORE SERVICE OF MAYO CLINIC HEALTH SYSTEM WHICH WE WILL CONTINUE TO ADDRESS TO MEET THE NEEDS OF OUR PATIE</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- MCHS NEW PRAGUE PART V, SECTION B, LINE 11	NTS, HOWEVER, STRATEGIES HAVE NOT BEEN IDENTIFIED BY OUR COMMUNITY TO WARRANT MENTAL HEALTH TO BE CHOSEN AS A STRATEGY FOR THIS CURRENT IMPLEMENTATION PLAN - ACCESS TO HEALTH CARE MAYO CLINIC HEALTH SYSTEM WILL CONTINUE TO FOCUS ON INCREASING ACCESS TO CARE FOR OUR PATIENTS

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- MCHS WASECA PART V, SECTION B, LINE 5	COMMUNITY INPUT MAYO CLINIC HEALTH SYSTEM IN WASECA SURVEYED RANDOMLY SELECTED INDIVIDUALS IN WASECA COUNTY, AND PARTNER ORGANIZATIONS, SUCH AS OPEN DOOR HEALTH CENTER, MINNESOTA VALLEY ACTION COUNCIL, VINE FAITH IN ACTION, AND SALVATION ARMY, WHO ALSO SERVE THIS AREA INPUT FROM COUNTY RESIDENTS AND KEY SERVICE ORGANIZATIONS WAS ESSENTIAL IN DRIVING THE IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS THEY REPRESENTED A BROAD RANGE OF THE COMMUNITY INCLUDING CHILDREN, ADULTS, SENIORS, FAMILIES, AND UNDERSERVED POPULATIONS SURVEYS AND COMMUNITY INPUT OCCURRED BETWEEN APRIL AND AUGUST 2016 PUBLIC HEALTH DEPARTMENT INPUT HUMAN SERVICES OF WASECA COUNTY PROVIDED VALUABLE INFORMATION REGARDING COMMUNITY HEALTH NEEDS AND A UNIQUE PERSPECTIVE FOR UNDERSERVED POPULATIONS THIS PUBLIC HEALTH DEPARTMENT REPRESENTS ALL RESIDENTS IN WASECA COUNTY AND HAS A SIGNIFICANT FOCUS ON PROVIDING SERVICES FOR LOW- AND MODERATE-INCOME RESIDENTS THIS AGENCY PROVIDES SOCIAL SERVICES FOR CHILDREN, ADULTS, SENIORS AND INDIVIDUALS WITH DISABILITIES, AS WELL AS SERVICES IN MATERNAL-CHILD HEALTH, DISEASE PREVENTION AND CONTROL, COMMUNITY AND EMERGENCY PREPAREDNESS AND ENVIRONMENTAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- MCHS WASECA PART V, SECTION B, LINE 6B	HUMAN SERVICES OF WASECA COUNTY OPEN DOOR HEALTH CENTERMINNESOTA VALLEY ACTION COUNCIL SALVATION ARMY VINE FAITH IN ACTION

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 11 -- MCHS WASECA PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - SWMN IN WASECA (MCHS-WASECA) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT - OBESITY- HYPERTENSIONIN 2018, MCHS-WASECA TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBESITY TO PROMOTE HEALTH AND WELLNESS LIFESTYLE CHOICES TO THE PUBLIC AND COLLABORATE WITH KEY COMMUNITY ORGANIZATIONS TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITY, MCHS-WASECA - PROVIDED HEALTHY SNACK AND INFUSED WATER AT THE COLOR ME RUN 5K WITH WASECA PUBLIC SCHOOLS - PROVIDED A DIETITIAN AT THE TASTE OF THE FARM EVENT WHO GAVE OUT A HEALTHY SNACK AND INFUSED WATER - PROVIDED CLINIC NURSING AT THE EARLY CHILDHOOD FAMILY EDUCATION FAIR - DONATED \$1,000 TO THE WASECA AREA NEIGHBORHOOD SERVICE CENTER FOOD SHELF FOR HEALTHY FOODS- MAYO CLINIC HEALTH SYSTEM EMPLOYEES PARTICIPATED IN THE TOBACCO 21 MOVEMENT IN WASECA HYPERTENSION TO RAISE AWARENESS THROUGH COMMUNITY-BASED EDUCATION AND INFORMATION REGARDING THE HEALTH RISKS ASSOCIATED WITH HYPERTENSION AND TO PROVIDE SUPPORT SERVICES THROUGH COMMUNITY BASED OUTREACH, MCHS-WASECA PROVIDED HEALTH EDUCATION TO THE PUBLIC BY STAFFING A BOOTH AT THE TASTE OF FARM EVENT AND THE WASECA COUNTY FREE FAIR IN ADDITION TO ADDRESSING THE IDENTIFIED NEEDS AS DESCRIBED ABOVE, HEALTH INFORMATION WAS DISSEMINATED TO THE COMMUNITY THROUGH THE MEDIA AS FOLLOWS - 3 ARTICLES ON HEART/HYPERTENSION AND 10 ARTICLES ON OBESITY WERE PUBLISHED IN THE WASECA COUNTY NEWS - HOMETOWN HEALTH IS PUBLISHED AND DISTRIBUTED 6 TIMES PER YEAR - AS AN AFFILIATE OF MAYO CLINIC, HEALTH INFORMATION IS MADE AVAILABLE TO THE COMMUNITY THROUGH ON-LINE BLOGS WRITTEN BY MAYO CLINIC EXPERTS THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-WASECA IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES FOR THE REASONS STATED - ACCESS TO DENTAL CARE THIS IS OUTSIDE THE EXPERTISE AND RESOURCES AVAILABLE AT THE HOSPITAL - DEATHS CAUSED BY MOTOR VEHICLE ACCIDENTS MCHS ADDRESSES THIS NEED THROUGH ITS DISTRACTED DRIVER SIMULATOR PROGRAM REGULARLY SCHEDULED IN THE COMMUNITIES SERVED, HOWEVER THIS ISSUE IS MOST EFFECTIVELY ADDRESSED THROUGH OTHER COMMUNITY AGENCIES - ALCOHOL AND DRUG USE/ABUSE OTHER AGENCIES IN THE COUNTY, INCLUDING THE LOCAL UNITED WAY, ARE ADDRESSING THESE ISSUES - TOBACCO MCHS WILL CONTINUE TO SUPPORT THE DECREASE IN TOBACCO USE THROUGH PATIENT EDUCATION - MENTAL HEALTH THIS IS A CORE SERVICE THAT MCHS WILL CONTINUE TO ADDRESS TO MEET THE NEEDS OF ITS PATIENTS, HOWEVER, STRATEGIES HAVE NOT BEEN IDENTIFIED BY OUR COMMUNITY, TO WARRANT MENTAL HEALTH TO BE CHOSEN AS A STRATEGY FOR THIS CURRENT IMPLEMENTATION PLAN - ACCESS TO HEALTH CARE MCHS WILL CONTINUE TO FOCUS ON INCREASING ACCESS TO CARE FOR ITS PATIENTS</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 16 -- MCHS ST JAMES PART V, SECTION B, LINE 5	COMMUNITY INPUTMAYO CLINIC HEALTH SYSTEM IN ST JAMES SURVEYED RANDOMLY SELECTED INDIVIDUALS IN WATONWAN COUNTY, AND PARTNER ORGANIZATIONS, SUCH AS OPEN DOOR HEALTH CENTER, MINNESOTA VALLEY ACTION COUNCIL, VINE FAITH IN ACTION, AND SALVATION ARMY, WHO ALSO SERVE THIS AREA INPUT FROM COUNTY RESIDENTS AND KEY SERVICE ORGANIZATIONS WAS ESSENTIAL IN DRIVING THE IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS THEY REPRESENTED A BROAD RANGE OF THE COMMUNITY INCLUDING CHILDREN, ADULTS, SENIORS, FAMILIES, AND UNDERSERVED POPULATIONS SURVEYS AND COMMUNITY INPUT OCCURRED BETWEEN APRIL AND AUGUST 2016 PUBLIC HEALTH DEPARTMENT INPUTTHE WATONWAN COUNTY HEALTH DEPARTMENT PROVIDED VALUABLE INFORMATION REGARDING COMMUNITY HEALTH NEEDS AND A UNIQUE PERSPECTIVE FOR UNDERSERVED POPULATIONS THIS PUBLIC HEALTH DEPARTMENT REPRESENTS ALL RESIDENTS OF WATONWAN COUNTY, WITH SEVERAL PROGRAMS DIRECTED AT LOW- TO MODERATE- INCOME INDIVIDUALS AND FAMILIES AND THE LATINO COMMUNITY SERVICES PROVIDED INCLUDE W I C , FAMILY HEALTH, FAMILY PLANNING AND LATINO HEALTH



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 16 -- MCHS ST JAMES PART V, SECTION B, LINE 6B	WATONWAN COUNTY HEALTH DEPARTMENT OPEN DOOR HEALTH CENTERMINNESOTA VALLEY ACTION COUNCIL SALVATION ARMY VINE FAITH IN ACTION

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 16 -- MCHS ST JAMES PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - SWMN, ST JAMES HOSPITAL (MCHS-STJ) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT -OBESITY-HYPERTENSIONIN 2018, MCHS-STJ TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBESITY TO PROMOTE HEALTH AND WELLNESS LIFESTYLE CHOICES TO THE PUBLIC AND COLLABORATE WITH KEY COMMUNITY ORGANIZATIONS TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITY, MCHS-STJ - OFFERED FREE WEIGHT MEASUREMENT,- PROVIDED PROGRAM, PERSONNEL AND MEETING SUPPORT FOR HEALTHY FAMILIES / HEALTHY FUTURES,- PROVIDED DIETITIAN SUPPORT TO THE HEALTHY BREAKFAST PROGRAM OFFERED AT THE LOCAL ELEMENTARY SCHOOLS,- PROVIDED DIETITIAN SUPPORT TO THE LOCAL HIGH SCHOOL WELLNESS TEAM,- PARTICIPATED IN THE SOUTH CENTRAL ELECTRIC HEALTH FAIR WITH A DIETITIAN, NURSE, AND LAB TECH,- PROVIDED DIETITIAN-GUIDED GROCERY STORE TOURS OFFERING EDUCATION IN HEALTHY EATING AND READING LABELS, HYPERTENSION (HIGH BLOOD PRESSURE) TO RAISE AWARENESS THROUGH COMMUNITY BASED EDUCATION AND INFORMATION REGARDING THE HEALTH RISKS ASSOCIATED WITH HYPERTENSION AND PROVIDES SUPPORT SERVICES THROUGH COMMUNITY BASED OUTREACH, MCHS-STJ OFFERED FREE BLOOD PRESSURE SCREENINGS IN ADDITION TO THE ACTIONS DESCRIBED ABOVE TO ADDRESS THE IDENTIFIED NEEDS, MCHS-STJ DISSEMINATED HEALTH EDUCATION INFORMATION THROUGH THE MEDIA - PUBLISHED ARTICLES IN ST JAMES PLAINDEALER,- AS AN AFFILIATE OF MAYO CLINIC, HEALTH EDUCATION INFORMATION WAS MADE AVAILABLE TO THE COMMUNITY THROUGH ON-LINE BLOGS WRITTEN BY MAYO CLINIC EXPERTS THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-STJ IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES FOR THE REASONS STATED - ACCESS TO DENTAL CARE THIS IS OUTSIDE THE EXPERTISE AND RESOURCES AVAILABLE AT THE HOSPITAL ALTHOUGH THE OUTPATIENT CLINIC WAS INVOLVED WITH APPLYING VARNISH TO PREVENT CAVITIES AS PART OF WELL-CHILD EXAMINATIONS - DEATHS CAUSED BY MOTOR VEHICLE ACCIDENTS MAYO CLINIC HEALTH SYSTEM DOES ADDRESS THIS NEED THROUGH OUR DISTRACTED DRIVER SIMULATOR PROGRAM REGULARLY SCHEDULED IN OUR COMMUNITIES, HOWEVER THIS ISSUE IS MOST EFFECTIVELY ADDRESSED THROUGH OTHER COMMUNITY AGENCIES - ALCOHOL AND DRUG USE/ABUSE OTHERS AGENCIES IN THE COUNTY ARE ADDRESSING THESE ISSUES - TOBACCO WE WILL CONTINUE TO SUPPORT THE DECREASE IN TOBACCO USE THROUGH PATIENT EDUCATION - MENTAL HEALTH THIS IS A CORE SERVICE OF MAYO CLINIC HEALTH SYSTEM WHICH WE WILL CONTINUE TO ADDRESS TO MEET THE NEEDS OF OUR PATIENTS, HOWEVER, STRATEGIES HAVE NOT BEEN IDENTIFIED BY OUR COMMUNITY TO WARRANT MENTAL HEALTH TO BE CHOSEN AS A STRATEGY FOR THIS CURRENT IMPLEMENTATION PLAN - ACCESS TO HEALTH CARE MAYO CLINIC HEALTH SYSTEM WILL CONTINUE TO FOCUS ON INCREASING ACCESS TO CARE FOR OUR PATIENTS</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 17 -- MCHS SPRINGFIELD PART V, SECTION B, LINE 5	COMMUNITY INPUT MAYO CLINIC HEALTH SYSTEM IN SPRINGFIELD SURVEYED RANDOMLY SELECTED INDIVIDUALS IN BROWN COUNTY, AND PARTNER ORGANIZATIONS, SUCH AS OPEN DOOR HEALTH CENTER, MINNESOTA VALLEY ACTION COUNCIL, VINE FAITH IN ACTION, AND SALVATION ARMY, WHO ALSO SERVE THIS AREA COUNTY RESIDENT AND KEY SERVICE ORGANIZATION INPUT WERE ESSENTIAL IN DRIVING THE IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS THEY REPRESENTED A BROAD RANGE OF THE COMMUNITY INCLUDING CHILDREN, ADULTS, SENIORS, FAMILIES, AND UNDERSERVED POPULATIONS SURVEYS AND COMMUNITY INPUT OCCURRED BETWEEN APRIL AND AUGUST 2016 PUBLIC HEALTH DEPARTMENT INPUT THE BROWN COUNTY PUBLIC HEALTH DEPARTMENT PROVIDED VALUABLE INFORMATION REGARDING COMMUNITY HEALTH NEEDS AND A UNIQUE PERSPECTIVE FOR UNDERSERVED POPULATIONS THIS PUBLIC HEALTH DEPARTMENT REPRESENTS ALL RESIDENTS IN BROWN COUNTY AND PROVIDES SERVICES TO EVERYONE REGARDLESS OF AGE, BACKGROUND OR SOCIO-ECONOMIC LEVEL SERVICES INCLUDE HOME HEALTH, UNIVERSAL CONTACT FOR NEWBORNS, W I C , ELDER CARE, HEALTH SCREENS, COMMUNITY HEALTH EDUCATION, RADON, S H I P PROGRAMS, HEART OF NEW ULM AND HEART OF BROWN COUNTY

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 17 -- MCHS SPRINGFIELD PART V, SECTION B, LINE 6B	BROWN COUNTY PUBLIC HEALTH OPEN DOOR HEALTH CENTERMINNESOTA VALLEY ACTION COUNCIL SALVATION ARMY VINE FAITH IN ACTION

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 17 -- MCHS SPRINGFIELD PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - SWMN, SPRINGFIELD HOSPITAL (MCHS-SPRINGFIELD) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT - OBESITY-HYPERTENSION (HIGH BLOOD PRESSURE)IN 2018, MCHS-SPRINGFIELD TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBESITY TO PROMOTE HEALTH AND WELLNESS LIFESTYLE CHOICES TO THE PUBLIC AND COLLABORATE WITH KEY COMMUNITY ORGANIZATIONS TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITY, MCHS-SPRINGFIELD - PARTNERED WITH AREA BUSINESSES AND ORGANIZATIONS TO HOST COMMUNITY WELLNESS CHALLENGES HELD IN JANUARY AND JUNE - PARTNERED WITH THE CITY OF SPRINGFIELD FOR COMMUNITY WALKS HELD AT THE COMMUNITY CENTER IN THE WINTER MONTHS AND ON THE CITY'S TRAIL SYSTEM IN THE SUMMER MONTHS - PARTICIPATED ON THE COMMUNITY WELLNESS TEAM (11 MEETINGS) AND SERVED AS ITS LEAD ORGANIZING ENTITY - PARTNERED WITH VARIOUS COMMUNITY ORGANIZATIONS TO SPONSOR AND HELP COORDINATE AND LEAD THE RIVERSIDE DAYS 5K FUN RUN/WALK - PARTNERED WITH VARIOUS COMMUNITY ORGANIZATIONS ON THE BIKE SHARE PROGRAM, INCREASING THE NUMBER OF BIKES FROM 11 TO 22 WHICH WERE AVAILABLE FOR USE BY THE GENERAL PUBLIC FROM MAY THROUGH SEPTEMBER 2018 HYPERTENSION (HIGH BLOOD PRESSURE) TO RAISE AWARENESS THROUGH COMMUNITY BASED EDUCATION AND INFORMATION REGARDING THE HEALTH RISKS ASSOCIATED WITH HYPERTENSION AND PROVIDE SUPPORT SERVICES THROUGH COMMUNITY BASED OUTREACH, MCHS-SPRINGFIELD - OFFERED FREE BLOOD PRESSURE SCREENINGS AT THE HOSPITAL,- PARTNERED WITH UNITED WAY AND THE SPRINGFIELD CHAMBER OF COMMERCE TO PROVIDE GRATITUDE PRESENTATIONS,- PRESENTED TO THE COMMUNITY, BLOOD PRESSURE WHAT YOU NEED TO KNOW IN ADDITION TO THE ACTIONS DESCRIBED ABOVE, MCHS-SPRINGFIELD TOOK THE FOLLOWING ACTIONS THAT ADDRESS BOTH IDENTIFIED NEEDS - GROCERY STORE TOURS WERE CONDUCTED BY THE HOSPITAL'S DIETITIAN (9 EVENTS),- PARTNERED WITH SECOND HARVEST HEARTLAND AND THE LOCAL SPRINGFIELD AREA FOOD SHELF &gt; FOOD RX PROGRAM WHICH PROVIDED EDUCATION AND A BOX OF FOOD SELECTED FOR DIABETIC PATIENTS, &gt; OFFERED NUTRITION ASSISTANCE PROGRAM FOR SENIORS (NAPS) THAT DELIVERS FOOD AND OFFERS NUTRITION ADVICE, &gt; DIETITIAN VISITED THE FOOD SHELF TO EDUCATE CLIENTS ON HEALTHY EATING - PROMOTED EXERCISE OPPORTUNITIES AVAILABLE IN THE COMMUNITY AND THE BENEFITS OF GRATITUDE AT A COMPREHENSIVE HEALTH FAIR THAT WAS ORGANIZED AND OPERATED BY MCHS-SPRINGFIELD - HELD BLOOD PRESSURE AND WEIGHT MONITORING EVENTS AT TWO AREA PUBLIC SCHOOLS - DISSEMINATED HEALTH INFORMATION THROUGH MEDIA &gt; 8 ARTICLES WERE PUBLISHED IN THE REGIONAL NEWSPAPER,&gt; AS AN AFFILIATE OF MAYO CLINIC, HEALTH INFORMATION IS MADE AVAILABLE TO COMMUNITY MEMBERS THROUGH ON-LINE BLOGS WRITTEN BY MAYO CLINIC EXPERTS THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-SPRINGFIELD IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES FOR THE REASONS STATED - ACCESS TO DENTAL CARE THIS IS OUTSIDE THE EXPERTISE AND RESOURCES AVAILABLE AT THE HOSPITAL ALTHOUGH THE OUTPATIENT CLINIC WAS INVOLVED WITH</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 17 -- MCHS SPRINGFIELD PART V, SECTION B, LINE 11	APPLYING VARNISH TO TEETH TO PREVENT CAVITIES AS PART OF WELL-CHILD EXAMINATIONS - DEATHS CAUSED BY MOTOR VEHICLE ACCIDENTS MAYO CLINIC HEALTH SYSTEM DOES ADDRESS THIS NEED THROU GH ITS DISTRACTED DRIVER SIMULATOR PROGRAM REGULARLY SCHEDULED IN OUR COMMUNITIES, HOWEVER THIS ISSUE IS MOST EFFECTIVELY ADDRESSED THROUGH OTHER COMMUNITY AGENCIES - ALCOHOL AND DRUG USE/ABUSE OTHERS AGENCIES IN THE COUNTY ARE ADDRESSING THESE ISSUES - TOBACCO MCSH -SPRINGFIELD WILL CONTINUE TO SUPPORT THE DECREASE IN TOBACCO USE THROUGH PATIENT EDUCATIO N - MENTAL HEALTH THIS IS A CORE SERVICE OF MAYO CLINIC HEALTH SYSTEM WHICH WILL CONTINU E TO ADDRESS TO MEET THE NEEDS OF ITS PATIENTS, HOWEVER, STRATEGIES HAVE NOT BEEN IDENTIFI ED BY THE COMMUNITY TO WARRANT MENTAL HEALTH TO BE CHOSEN AS A STRATEGY FOR THIS CURRENT I MPLEMENTATION PLAN - ACCESS TO HEALTH CARE MAYO CLINIC HEALTH SYSTEM WILL CONTINUE TO FO CUS ON INCREASING ACCESS TO CARE FOR OUR PATIENTS

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 14 -- MCHS RED CEDAR PART V, SECTION B, LINE 5	COMMUNITY INPUT WAS RECEIVED AT NUMEROUS STAGES AND FROM A VARIETY OF LEVELS OF LEADERSHIP THROUGHOUT THE CHNA PROCESS THE DUNN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE PARTICIPATED IN GATHERING AND ANALYZING LOCAL HEALTH DATA, AS WELL AS PLANNING FOR AND DISTRIBUTING COMMUNITY HEALTH SURVEYS TO LOCAL CHURCHES, SCHOOLS, SENIOR CENTERS, PUBLIC LIBRARIES, DUNN COUNTY W I C CLINIC, LOCAL FREE CLINIC AND TO THE UNIVERSITY OF WISCONSIN-STOUT HEALTH SERVICES OFFICE ONCE THE SURVEY WAS DEVELOPED, A KICK-OFF EVENT WAS HELD SO KEY STAKEHOLDERS COULD PROVIDE FEEDBACK AND FINALIZE ITS CONTENTS PARTICIPANTS WERE INVOLVED IN A MAPPING EXERCISE TO MAKE SURE THE SURVEY WAS DISTRIBUTED TO A BROAD LIST OF COMMUNITY MEMBERS THE STEERING COMMITTEE MET AS NEEDED FROM EARLY 2015 UNTIL MID 2016

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 14 -- MCHS RED CEDAR PART V, SECTION B, LINE 6B	DUNN COUNTY HEALTH DEPARTMENTUNIVERSITY OF WISCONSIN-STOUTARBOR PLACE ALCOHOL & DRUG TREATMENT CENTERDUNN COUNTY EXTENSIONWESTERN WISCONSIN REGION OF PUBLIC HEALTH



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 14 -- MCHS RED CEDAR PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MCHS - NWWI IN RED CEDAR (MCHS-RC) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT -OBESITY-CHRONIC DISEASE-MENTAL HEALTHIN 2018, MCHS-RC TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBESITY TO INCREASE PHYSICAL ACTIVITY OPPORTUNITIES AND AWARENESS OF PROPER NUTRITION AND EDUCATION REGARDING ITS IMPORTANCE FOR LONG TERM HEALTH FOR YOUTH AND FAMILIES - MCHS-RC PROVIDED MONETARY SUPPORT TO THE FOLLOWING ORGANIZATIONS &gt; \$5,000 HOMETOWN HEALTH GRANT AWARDED TO STEPPING STONES FOOD PANTRY &gt; \$15,000 HOMETOWN HEALTH GRANT AWARDED TO BIG BROTHERS BIG SISTERS FOR THEIR MENTORS IN MOTION PROGRAM &gt; \$500 TO MENOMONIE MIDDLE SCHOOL FOR THEIR MUSTANG 5K &gt; \$1,500 TO ROTARY CLUB OF MENOMONIE FOR THEIR KIDS AGAINST HUNGER MEAL PACKING EVENT &gt; \$5,000 TO GET IT DONE RUN 2018 - MCHS-RC HOSTED OR SPONSORED THE FOLLOWING PROGRAMS &gt; FIVE STRONG BODIES SERIES, &gt; SNOWSHOE AND WINTER HIKE, &gt; MUSIC AND MOVEMENT (TWELVE SESSIONS), &gt; ZUMBA CLASSES, &gt; UW-STOUT CHALLENGE AND ROPE COURSE ADVENTURES, &gt; MENOMONIE COMMUNITY COOKOUT, &gt; FOOD FOR THE MIND A FACEBOOK LIVE EVENT, &gt; KIDS IN THE KITCHEN COOKING CLASSES - MCHS-RC PARTNERED WITH THE FOLLOWING ORGANIZATIONS &gt; EAU CLAIRE YMCA - HOSTED EIGHTH ANNUAL CAMP WABI, A SUMMER CAMP FOR CHILDREN STRUGGLING WITH WEIGHT &gt; EAT WELL DUNN COUNTY - AN EMPLOYEE CHAIRS THE COMMITTEE AND PROVIDES ONGOING LEADERSHIP AND SOCIAL MEDIA SUPPORT, &gt; DUNN COUNTY PARTNERSHIP FOR YOUTH - AN EMPLOYEE IS A MEMBER,&gt; MENOMONIE MARKET FOOD CO-OP - EATING WELL ON A BUDGET, &gt; PARTNERSHIP FOR A HEALTHIER AMERICA'S FNV (FRUITS 'N VEGETABLES) INITIATIVE - PROMOTING INCREASED CONSUMPTION OF FRUITS AND VEGETABLES TARGETING LOW INCOME MILLENNIALS CHRONIC DISEASE TO INCREASE COMMUNITY OPPORTUNITIES TO EFFECTIVELY MANAGE CHRONIC DISEASE CONDITIONS - MCHS-RC PROVIDED MONETARY SUPPORT TO THE FOLLOWING ORGANIZATIONS &gt; \$1,000 TO SPONSOR AMERICAN CANCER SOCIETY RELAY FOR LIFE &gt; \$1,000 TO FREE CLINIC ANNUAL BANQUET - MCHS-RC HOSTED OR SPONSORED THE FOLLOWING PROGRAMS &gt; HEALTHY LIVING WITH DIABETES (2 COURSES) &gt; LIVING WELL WITH CHRONIC CONDITIONS (2 COURSES) &gt; HEALTHY HEART TALK TO CV LEARNING IN RETIREMENT GROUP &gt; KNOW YOUR NUMBERS (2 SESSIONS)- MCHS-RC PARTNERED WITH THE FOLLOWING ORGANIZATIONS &gt; CHIPPEWA VALLEY LEARNING IN RETIREMENT - HEALTHY HEARTS TALK &gt; DUNN COUNTY HEALTH FAIR - HANDWASHING STATIONS (VALUE OF \$960) &gt; STEPPING STONES OF DUNN COUNTY - AN EMPLOYEE SERVES ON BOARD AND EXECUTIVE COMMITTEE, ORGANIZATION SUPPORTS FOOD PANTRIES AND EMERGENCY HOUSING IN DUNN COUNTY &gt; MENOMONIE AREA FREE CLINIC IS PHYSICALLY LOCATED IN MCHS-RCMENTAL HEALTH TO INCREASE AWARENESS OF MENTAL HEALTH AND ITS IMPORTANCE FOR LONG- TERM HEALTH OUTCOMES - MCHS-RC PROVIDED MONETARY SUPPORT TO SUPPORT THE FOLLOWING ORGANIZATIONS &gt; HOMETOWN HEALTH GRANT OF \$20,000 AWARDED TO BOYCEVILLE SCHOOL DISTRICT FOR THEIR HEALTH MIND AND WELL BEING PROGRAM &gt; HOMETOWN HEALTH GRANT OF \$1,000 AWARDED TO DUNN COUNTY HEALTH DEPARTMENT FOR THEI</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 14 -- MCHS RED CEDAR PART V, SECTION B, LINE 11	<p>R NURSE FAMILY PARTNERSHIPS PROGRAM - MCHS-RC HOSTED OR SPONSORED THE FOLLOWING PROGRAMS &gt; SUICIDE PREVENTION CLASSES (QPR) (2 CLASSES)- MCHS-RC PARTNERED WITH THE FOLLOWING ORGA NIZATION &gt; DUNN COUNTY HEALTH COALITION PLANNING - 60 HOURS &gt; DUNN COUNTY PARTNERSHIP FOR YOUTH &gt; MENTAL HEALTH RESOURCE NETWORK &gt; ELK MOUND COMMUNITY RESOURCE FAIR &gt; COMMUNITY FO UNDATION OF DUNN COUNTY BOARD - 40 HOURS &gt; MENOMONIE CHAMBER OF COMMERCE - HOSTED ANNUAL H EALTH AND WELLNESS DAY FOR LEADERSHIP MENOMONIE PROGRAM AND PROVIDED TALK ON MENTAL HEALTH , ADVERSE CHILDHOOD EXPERIENCES AND RESILIENCY &gt; BOYS AND GIRLS CLUB - MENOMONIE CHAPTER - AN EMPLOYEE SERVES ON THE LOCAL BOARD AND CONTRIBUTES TO LOCAL ONSITE PROGRAMMING THE 20 16 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-RC IS NOT ADDRESSING OR ADDRESSING W ITH ADDITIONAL RESOURCES FOR THE REASONS STATED - ALCOHOL AND DRUG USE/ABUSE OTHERS AGENC IES IN THE COUNTY ARE ADDRESSING THESE ISSUES, AND THEY ARE GENERALLY OUT OF SCOPE FOR MAY O CLINIC HEALTH SYSTEM - TOBACCO WE WILL CONTINUE TO SUPPORT THE DECREASE OF TOBACCO USE THROUGH PATIENT EDUCATION - HEALTHY GROWTH AND DEVELOPMENT THIS IS A CORE SERVICE OF MA YO CLINIC HEALTH SYSTEM THAT WE WILL CONTINUE TO ADDRESS TO MEET THE NEEDS OF OUR PATIENTS - ACCESS TO HEALTH CARE MAYO CLINIC HEALTH SYSTEM WILL CONTINUE TO FOCUS ON INCREASING ACCESS TO CARE FOR OUR PATIENTS - REPRODUCTIVE/SEXUAL HEALTH THIS IS A FOCUS FOR DUNN CO UNTY PUBLIC HEALTH AND UNIVERSITY HEALTH SERVICES, WHOSE EFFORTS ARE SUPPORTED BY MAYO CLI NIC HEALTH SYSTEM - RED CEDAR</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- MCHS ALBERT LEA AND AUSTIN PART V, SECTION B, LINE 5	FOR FREEBORN COUNTY, IN ADDITION TO A RANDOMIZED PUBLIC SURVEY, THREE STAKEHOLDER SESSIONS WERE HELD TO ELICIT PERSPECTIVES FROM REPRESENTATIVES OF LOCAL SERVICES AGENCIES AND ORGANIZATIONS INVITATIONS WERE SENT TO SPECIFIC AGENCY AND ORGANIZATION CONTACTS, WITH ENCOURAGEMENT TO INVITE OTHERS TO ATTEND THE FORMAT INCLUDED SPECIFIC QUESTIONS, BUT ALLOWED FOR A FREE FLOW OF IDEAS, TOPICS AND RESPONSES IN AN ATTEMPT TO SOLICIT INPUT FROM TYPICALLY UNDERSERVED POPULATIONS, ABBREVIATED SURVEYS WERE ATTEMPTED THROUGH FREEBORN COUNTY PUBLIC HEALTH, THE W I C PROGRAM AND NEWBORN CLINIC PARTICIPANTS, BUT WERE ONLY SUCCESSFUL WITH ADULT BASIC EDUCATION CLASS MEMBERS AND WITH A REPRESENTATIVE GROUP OF THE KAREN POPULATION INPUT WAS SOLICITED THROUGHOUT THE FIRST HALF OF 2016 FOR MOWER COUNTY, AN ALL-COUNTY RANDOM SURVEY WAS CONDUCTED IN COLLABORATION WITH MOWER COUNTY HEALTH AND HUMAN SERVICES FOLLOWED BY A SHORT COMMUNITY SURVEY THAT ALLOWED INDIVIDUALS TO INFLUENCE THE FOCUS OF THE 2016 CHNA FOCUS GROUPS, SOCIAL MEDIA, AN ONLINE SURVEY, AND PERSON TO PERSON OUTREACH STRATEGIES WERE UTILIZED TO ASSURE THAT THOSE WHO ARE UNDER-SERVED WERE ABLE TO ENGAGE AND INFLUENCE IDENTIFIED NEEDS INPUT WAS SOLICITED THROUGHOUT THE FIRST HALF OF 2016

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- MCHS ALBERT LEA AND AUSTIN PART V, SECTION B, LINE 6B	MOWER COUNTY HEALTH AND HUMAN SERVICES

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- MCHS ALBERT LEA AND AUSTIN PART V, SECTION B, LINE 11	<p>FREEBORN COUNTYBASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - SE MN REGI ON IN ALBERT LEA AND AUSTIN (MCHS-ALAU) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT IN F REEBORN COUNTY MENTAL HEALTHHEALTHY EATINGIN 2018, MCHS-ALAU TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS MENTAL HEALTH TO INCREASE THE CAPACITY OF INDIVIDUALS TO AC HIEVE MENTAL WELLNESS, MCHS-ALAU HELD A WOMEN'S HEALTH CARE SYMPOSIUM THAT FOCUSED ON MENT AL HEALTH AND RESILIENCE AND CONDUCTED A HEALTH TALK SERIES - PRESENTATIONS TO SENIORS ON TOPICS SUCH AS DEPRESSION, ALZHEIMER'S, PARKINSON'S, AND OTHER TOPICS OF PARTICULAR INTERE ST TO OLDER PEOPLE HEALTHY EATING TO PROMOTE COMMUNITY WELLNESS, MCHS-ALAU HELD THE FOLLO WING EVENTS - "BE MOBILE SAFETY" EVENT THAT PROVIDED STRETCHING DEMONSTRATIONS, HYDRATION INFORMATION AND DISTRIBUTED WATER BOTTLES,- "BOOK READ" EVENTS AT DAYCARES AND PRESCHOOLS AT WHICH EMPLOYEES VOLUNTEERED TO READ, DONATED BOOKS AND EDUCATIONAL MATERIALS PROMOTING ACTIVE LIVING AND HEALTH EATING, IN ADDITION, MCHS-ALAU PARTNERED WITH THE KIESTER, MN COM MUNITY TO ASSIST WITH A COMMUNITY GARDEN LAUNCH, DONATED INFORMATION SIGNS, A GARDEN SIGN, WHITE BOARDS FOR AREA STORES, GARDEN IDENTIFIER STAMP FOR BAGS, AND DESIGN SERVICES MOWE R COUNTYBASED ON THE CHNA CONDUCTED IN 2016, MCHS-ALAU IDENTIFIED THE FOLLOWING NEEDS IN M OWER COUNTY CHEMICAL USELIFESTYLE HABITSFAMILY CHALLENGESIN 2018, MCHS-ALAU TOOK THE FOLLO WING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS CHEMICAL USE TO INCREASE AWARENESS OF TOBACC O USE AND VAPING BY TEENS, MOWER REFRESHED, A COMMUNITY COLLABORATION FUNDED BY MCHS-ALAU, IN COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS, HOSTED A "LUNCH AND LEARN" EVENT FOC USED ON THE HIDDEN DANGERS OF NICOTINE USE AND HOW EASY IT IS FOR KIDS TO ACCESS AND CONCE AL TOBACCO AND VAPING PRODUCTS THE PRESENTATION WAS OPEN TO THE PUBLIC AND GEARED TOWARDS PARENTS, EDUCATORS, AND OTHERS WHO WORK WITH YOUTH AND COMMUNITY MEMBERS LIFESTYLE HABITS TO INCREASE ENGAGEMENT IN COMMUNITY PROGRAMS AND EFFORTS THAT ADDRESS HEALTHY EATING AND ACTIVE LIVING, MCHS-ALAU COLLABORATED WITH OTHER COMMUNITY ORGANIZATIONS TO HOST HARVEST FEST - A DOWNTOWN NEIGHBORHOOD EVENT THAT BRINGS THE COMMUNITY TOGETHER TO HARVEST HEALTHY FOOD FOR LOCAL FOOD SHELVES, ENCOURAGES GETTING OUTDOORS AND MOVING WITH A 5K WALK/RUN AN D A PASSPORT WALK THAT ENCOURAGES PARTICIPANTS TO EXPLORE LIVING HEALTHY IN MOWER COUNTY F AMILY CHALLENGES TO POSITIVELY INFLUENCE THE HEALTH OF FAMILY SYSTEMS, MCHS-ALAU, THROUGH ITS FUNDING OF MOWER REFRESHED, DISTRIBUTES AN E-NEWSLETTER THAT OFFERS INFORMATION ON RE SOURCES AVAILABLE TO LIVE HEALTHY IN MOWER COUNTY SUCH AS NUTRITION, FINANCIAL MANAGEMENT, STRESS REDUCTION, FAMILY RELATIONSHIPS, GOAL SETTING, ETC IN 2018, THIS E-NEWSLETTER HAD APPROXIMATELY 500 ADDRESSES ON ITS DISTRIBUTION LIST THE 2016 CHNA ALSO IDENTIFIED THE FO LLOWING NEEDS THAT MCHS-ALAU IS NOT ADDRESSING FOR THE REASONS STATED FREEBORN COUNTY-CHRO NIC DISEASE CHRONIC HEALTH IS</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 7 -- MCHS ALBERT LEA AND AUSTIN PART V, SECTION B, LINE 11	SUES REMAIN AS SIGNIFICANT COMMUNITY CONCERNS SINCE THE 2013 COMMUNITY SURVEY, HOWEVER, FOCUSING ON IMPROVED MENTAL HEALTH IS NECESSARY IN ADDRESSING CHRONIC DISEASES, AND IMPROVED MENTAL HEALTH LEADS TO GREATER ABILITY TO MANAGE HEALTH -DENTAL CARE MCHS-ALAU DOES NOT PROVIDE DENTAL SERVICES MOWER COUNTY-DECREASING INCIDENCE OF ADOLESCENTS BECOMING SEXUALLY ACTIVE MCHS-ALAU IS LIMITED IN REACHING ADOLESCENTS PRIOR TO BECOMING ACTIVE SEXUALLY PUBLIC HEALTH, SCHOOL PROGRAMS, FAITH COMMUNITIES, AND PARENTS ARE WELL-POSITIONED TO ADDRESS THIS -UNSUPERVISED CHILDREN AFTERSCHOOL MCHS-ALAU IS NOT ADDRESSING THIS SPECIFICALLY BUT WILL PROMOTE AND CONTINUE TO PARTNER WITH COMMUNITY ORGANIZATIONS ADDRESSING THIS SUCH AS THE AUSTIN YMCA, DISTRICT SCHOOL PROGRAMMING, ETC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP B

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 4 MCHS EAU CLAIRE, - FACILITY 12 MCHS NORTHLAND, - FACILITY 13 MCHS CHIPPEWA VALLEY, - FACILITY 18 MCHS OAKRIDGE



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 4 -- MCHS EAU CLAIRE PART V, SECTION B, LINE 5	THE COMMUNITY HEALTH ASSESSMENT PLANNING PARTNERSHIP COMMITTEE (WHICH MET TWICE A MONTH FROM MAY 2014-MAY 2015) PARTICIPATED IN GATHERING AND ANALYZING LOCAL HEALTH DATA, AS WELL AS PLANNING FOR AND DISTRIBUTING COMMUNITY HEALTH SURVEYS INPUT ALSO WAS RECEIVED DURING THE COMMUNITY CONVERSATIONS AND COLLECTED FROM THE TRADITIONALLY UNDERSERVED COMMUNITY THROUGH COMMUNITY HEALTH SURVEYS DISTRIBUTED TO THE LOCAL SENIOR CENTER AND COMMUNITY MEAL SITE SURVEYS WERE ALSO DISTRIBUTED TO AND RECEIVED FROM REPRESENTATIVES OF LOCAL COMMUNITY RESOURCE ORGANIZATIONS THAT SERVE TRADITIONALLY UNDERREPRESENTED, MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS ORGANIZATIONS THAT RECEIVED SURVEYS INCLUDE AREA SCHOOLS, AGING AND DISABILITY RESOURCE CENTER, FAMILY RESOURCE CENTER, EAU CLAIRE COUNTY EXTENSION, BOLTON REFUGE HOUSE, EAU CLAIRE CHAMBER OF COMMERCE AND OTHERS ALL SURVEYS WERE RECEIVED ELECTRONICALLY OR ON PAPER WITHIN A MONTH OF SURVEY LAUNCH IN ADDITION, LISTENING SESSIONS WITH UNDERREPRESENTED GROUPS WERE HELD AT THE L E PHILLIPS SENIOR CENTER (EAU CLAIRE), THE COMMUNITY TABLE (EAU CLAIRE) AND WITH HMONG ELDERS AT THE EAU CLAIRE AREA HMONG MUTUAL ASSISTANCE ASSOCIATION IN ORDER TO GATHER ADDITIONAL PRIMARY DATA ON PERCEIVED COMMUNITY HEALTH NEEDS AND ASSETS WRITTEN COMMENTS WERE COLLECTED AT THE FINAL COMMUNITY HEALTH IMPROVEMENT EVENT IN WHICH COMMUNITY MEMBERS, POLICY MAKERS AND RESOURCE ORGANIZATION REPRESENTATIVES GATHERED TO DISCUSS EVIDENCE-BASED APPROACHES TO THE PRIORITY HEALTH AREAS SELECTED FOR EAU CLAIRE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP B-FACILITY 4 -- MCHS EAU CLAIRE PART V, SECTION B, LINE 6A	SACRED HEART HOSPITAL, EAU CLAIRE, WISCONSIN

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP B-FACILITY 4 -- MCHS EAU CLAIRE PART V, SECTION B, LINE 6B	EAU CLAIRE CITY COUNTY HEALTH DEPARTMENTUNITED WAY OF GREATER CHIPPEWA VALLEYMARSHFIELD CLINIC

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 4 -- MCHS EAU CLAIRE PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - NWWI, EAU CLAIRE HOSPITAL (MCHS-EC) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT -OBESITY-CHRONIC DISEASE-MENTAL H EALTHIN 2018, MCHS-EC TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBESITY TO INCREASE PHYSICAL ACTIVITY OPPORTUNITIES AND AWARENESS OF PROPER NUTRITION AND EDUCATIO N REGARDING ITS IMPORTANCE FOR LONG TERM HEALTH FOR YOUTH AND FAMILIES - MCHS-EC PROVIDED MONETARY SUPPORT THROUGH A HOMETOWN HEALTH GRANT TO THE FOLLOWING ORGANIZATIONS &gt; \$25,000 AWARDED TO BEAVER CREEK RESERVE FOR THEIR LIVING HEALTHY AND STAYING ACTIVE IN NATURE PRO GRAM &gt; \$19,000 AWARDED TO CHILDREN'S MUSEUM OF EAU CLAIRE EAT! MOVE! LIVE! PROGRAM &gt; \$1 5,000 AWARDED TO BIG BROTHERS BIG SISTERS FOR THEIR MENTORS IN MOTION PROGRAM &gt; \$20,000 A WARDED TO CITY OF EAU CLAIRE PARKS AND RECREATION ACTIVE AGING FITNESS PARK PROVIDING OUT DOOR SPACE FOR AFFORDABLE, ACCESSIBLE EXERCISE OPTIONS FOR OLDER ADULTS &gt; \$2,000 AWARDED TO EAU CLAIRE YMCA, CONCEPTS OF HEALTHY LIVING PROGRAM GEARED FOR CHILDREN IN GRADES 2 THR OUGH 7 TEACHING THE IMPORTANCE OF AN ACTIVE LIFESTYLE FOCUSING ON HEALTHY EATING, PHYSICAL ACTIVITY AND MINDFULNESS &gt; \$5,000 AWARDED TO FEED MY PEOPLE WEEKEND KIDS' MEALS PROGRAM ADDRESSING CHILD HUNGER AND LOCAL FOOD INSECURITY &gt; CAPITAL CAMPAIGN FUNDING OF \$125,000 TO FEED MY PEOPLE FOOD BANK - MCHS-EY PARTNERED WITH THE FOLLOWING ORGANIZATIONS &gt; DOWNTOW EAU CLAIRE, INC - ANNUAL FAMILY FUN DAY - SHARE HEALTH AND WELLNESS INFORMATION WITH H UNDREDS OF YOUTH AND FAMILIES, &gt; FIT EXPO - MAJOR SPONSOR OF LOCAL FITNESS AND WELLNESS EV ENT WITH HUNDREDS IN ATTENDANCE WE PROVIDE HEALTH EXPERTS FROM SEVERAL HEALTH SPECIALTIES , &gt; EAU CLAIRE EXPRESS (LOCAL BASEBALL TEAM) - HELD FREE BASEBALL TRAINING SESSIONS FOR YO UTH,&gt; PARTNERSHIP FOR A HEALTHIER AMERICA'S FNV (FRUITS 'N VEGETABLES) INITIATIVE - PROMOT ING INCREASED CONSUMPTION OF FRUITS AND VEGETABLES TARGETING LOW INCOME MILLENNIALS, &gt; KID 'S EXPO - FITNESS ACTIVITIES FOR CHILDREN AND HEALTH INFORMATION FOR PARENTS, &gt; LILY PAD L ABS - KIDS IN THE KITCHEN PROGRAM - REACHING FOURTH GRADE STUDENTS ACROSS THE EAU CLAIRE S CHOO L SYSTEM, &gt; EAU CLAIRE MARATHON - FREE RUNNING ADVICE GIVEN DURING EXPO, EMERGENCY TEN TS AT SEVERAL LOCATIONS DURING THE RACE,&gt; EAU CLAIRE YMCA - HOSTED EIGHTH ANNUAL CAMP WABI , A SUMMER CAMP FOR CHILDREN STRUGGLING WITH WEIGHT CHRONIC DISEASE TO INCREASE COMMUNITY OPPORTUNITIES TO EFFECTIVELY MANAGE CHRONIC DISEASE CONDITIONS - MCHS-EC PROVIDED MONETAR Y SUPPORT THROUGH A HOMETOWN HEALTH GRANT OF \$14,500 AWARDED TO CHIPPEWA VALLEY FREE CLINI C HEALTHIER YOU PROGRAM FOCUSING ON REDUCING THE INCIDENCE OF OBESITY-RELATED DISEASES - MCHS-EC HOSTED OR SPONSORED THE FOLLOWING PROGRAMS &gt; STRONG BODIES FOCUSING ON STRENGTH T RAINING (NINE SERIES) &gt; STEPPING ON FOCUSING ON FALL PREVENTION (FIVE SERIES) &gt; HEALTHY LI VING WITH CHRONIC CONDITIONS (TWO SERIES) &gt; HEALTHY LIVING WITH DIABETES (THREE SERIES) &gt; HELD "HER STORY HER HEART" EDU</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 4 -- MCHS EAU CLAIRE PART V, SECTION B, LINE 11	CATING THE PUBLIC ABOUT WOMEN AND CARDIAC DISEASE > STEERING INTO THE SKID - INTERACTIVE P LAY EDUCATING ON ALZHEIMER'S DISEASE- MCHS-EC PARTNERED WITH THE FOLLOWING ORGANIZATIONS > AMERICAN HEART ASSOCIATION - MAJOR SUPPORTER OF ANNUAL AMERICAN HEART WALK > AMERICAN CA NCER SOCIETY - SUPPORTING FOUR RELAY FOR LIFE EVENTS IN OUR REGION > HOPE IN THE VALLEY - MAJOR SPONSOR OF THIS EVENT FOCUSED ON SUPPORTING AND HONORING THOSE WITH CANCER > UNIVERS ITY OF WISCONSIN - EAU CLAIRE WOMEN'S VOLLEYBALL TEAM EDUCATING ATTENDEES ABOUT CANCER > H EALTHY COMMUNITIES CHRONIC DISEASE PREVENTION ACTION TEAM > UNIVERSITY OF WISCONSIN - EAU CLAIRE SPONSOR OF SENIOR AMERICANS DAY PROVIDING HEALTH EXPERTS ON A VARIETY OF HEALTH SPE CIALTIES > EAU CLAIRE EXPRESS - HOSTED STRIKE OUT STROKE EVENT FEATURING PAST STROKE PATIE NT STROKE EXPERT ADVICE AND INFORMATION SHARED WITH ATTENDEES > CITY OF EAU CLAIRE - PRO VIDED MORE THAN \$72,000 TOWARDS SUPPORT OF REGIONAL AMBULANCE SERVICE > CHIPPEWA VALLEY F REE CLINIC - TWO PHYSICIANS SERVE ON BOARD, NUMEROUS STAFF VOLUNTEER TIME AND TALENT, AND APPROXIMATELY \$30,000 WORTH OF FREE LAB AND X-RAY SERVICES WERE PROVIDED > BOYS AND GIRLS CLUB OF THE GREATER CHIPPEWA VALLEY - AN EMPLOYEE SERVES ON THE REGIONAL BOARD MENTAL HEA LTH TO INCREASE AWARENESS OF MENTAL HEALTH AND ITS IMPORTANCE FOR LONG-TERM HEALTH OUTCOM ES - MCHS-EC PROVIDED MONETARY SUPPORT THROUGH THE FOLLOWING > HOMETOWN HEALTH GRANT OF \$5,000 TO THE BOYS & GIRLS CLUB OF THE GREATER CHIPPEWA VALLEY MENTAL HEALTH & STABILITY PROGRAM, > HOMETOWN HEALTH GRANT OF \$25,000 TO FAMILY PROMISE FOR THEIR HOMELESS FAMILIES PATHWAY PROGRAM, > \$4,000 TO WELLNESS SHACK A LOCAL RESOURCE FOR FAMILIES DEALING WITH ME NTAL ILLNESS (YEAR 2 OF A 5 YEAR AGREEMENT) - MCHS-EC HOSTED OR SPONSORED THE FOLLOWING PR OGRAMS > PREVENT SUICIDE CHIPPEWA VALLEY WALK - \$1000 SPONSOR > ROAD TO RESILIENCE RAISI NG HEALTHY KIDS - ADULTS HELP CHILDREN BUILD RESILIENCY ALONG WITH SOCIAL AND COPING SKILL S BY PARTICIPATING IN THIS ONLINE SIX-WEEK PROGRAM CONTENT IS GROUPED BY AGE LEVEL AND CH ILDREN USE A GAME SHEET TO RECORD PROGRESS > GRATITUDE CHALLENGE - VIRTUAL CHALLENGE ENCO URAGING JOURNALING ABOUT THE BIG AND SMALL THINGS FOR WHICH YOU ARE THANKFUL - MCHS-EC PAR TNERED WITH THE FOLLOWING ORGANIZATION > HEALTHY COMMUNITIES - MENTAL ACTION TEAM MEMBERS HIP > MENTAL HEALTH MATTERS - PARTNERSHIP IN EAU CLAIRE AND CHIPPEWA COUNTIES WITH LOCAL HEALTH DEPARTMENTS, UNITED WAY AND HEALTHCARE ORGANIZATIONS, ADDRESSING YOUTH MENTAL HEALT H EDUCATION, MINDFULNESS TRAINING > HOMELESSNESS STRATEGIC PLANNING - CONTRIBUTED 3 STAFF MEMBERS TO COMMUNITY MEETINGS DESIGNED AROUND BUILDING A STRATEGIC PLAN FOR ADDRESSING HO MELESSNESS IN EAU CLAIRE > UNITED WAY OF THE GREATER CHIPPEWA VALLEY - AN EMPLOYEE CHAIRS THE HEALTH ADVISORY COUNCIL, AND ANOTHER SERVES ON THE BOARD, BOTH ARE THREE-YEAR TERMS > HIGH 5 YOGA - SPONSORSHIP OF LOCAL YOGA STUDIO OFFERING FREE YOGA TO LOCAL RESIDENTS > EAU CLAIRE CHAMBER OF COMMERCE

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 4 -- MCHS EAU CLAIRE PART V, SECTION B, LINE 11	- ACTIVE MEMBER OF THE HEALTH AND WELLNESS COMMITTEE, HOSTED ANNUAL HEALTH AND WELLNESS DAY FOR YOUTH LEADERSHIP EAU CLAIRE PROGRAM ADDRESS CHNA AND SOCIAL DETERMINANTS OF HEALTH THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-EC IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES FOR THE REASONS STATED - ALCOHOL AND DRUG/USE ABUSE OTHERS AGENCIES IN THE COUNTY ARE ADDRESSING THESE ISSUES, THEY GENERALLY ARE OUT OF SCOPE FOR MAYO CLINIC HEALTH SYSTEM

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 12 -- MCHS NORTHLAND PART V, SECTION B, LINE 5	THE ASSESSMENT PROCESS BEGAN WITH A REVIEW OF THE THRIVE BARRON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN, THEN THE CHNA STEERING COMMITTEE ENGAGED THE PUBLIC IN A COMMUNITY HEALTH NEEDS SURVEY SURVEY QUESTIONS FOCUSED ON THE HEALTH FOCUS AREAS IDENTIFIED IN THE WISCONSIN DEPARTMENT OF HEALTH SERVICES, HEALTHIEST WISCONSIN 2020 PLAN PAPER AND ELECTRONIC SURVEYS WERE DISTRIBUTED TO LIBRARIES, HOSPITALS, CLINICS, THE FREE CLINIC, FOOD PANTRIES, SENIOR CENTERS, BARRON COUNTY JAIL AND MEALS ON WHEELS RECIPIENTS THE SURVEY WAS TRANSLATED INTO SPANISH AND SOMALI TO ENSURE OPINIONS OF THOSE POPULATIONS WERE INCLUDED MORE THAN 900 SURVEYS WERE COMPLETED ON SEPTEMBER 30, 2015 A COMMUNITY PLANNING DAY WAS HELD TO REVIEW ASSESSMENT DATA REGARDING PRIORITIES WITH MORE THAN 50 COMMUNITY MEMBERS IN ATTENDANCE

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP B-FACILITY 12 -- MCHS NORTHLAND PART V, SECTION B, LINE 6A	LAKEVIEW MEDICAL CENTER, RICE LAKE, WISCONSINCUMBERLAND HEALTH CARE, CUMBERLAND, WISCONSIN



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP B-FACILITY 12 -- MCHS NORTHLAND PART V, SECTION B, LINE 6B	MARSHFIELD CLINICWISCONSIN DEPARTMENT OF HEALTH SERVICESBARRON COUNTY PUBLIC HEALTHWISCONSIN INDIANHEAD TECHNICAL COLLEGESAFE AND STABLE FAMILY COALITION

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 12 -- MCHS NORTHLAND PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - NWWI, NORTHLAND HOSPITAL (MCHS-NORTHLAND) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT -OBESITY-CHRONIC DISEASE-ME NTAL HEALTHIN 2018, MCHS-NORTHLAND TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NE EDS OBESITY TO INCREASE PHYSICAL ACTIVITY OPPORTUNITIES AND AWARENESS OF PROPER NUTRITION AND EDUCATION REGARDING ITS IMPORTANCE FOR LONG TERM HEALTH FOR YOUTH AND FAMILIES - MCHS -NORTHLAND PROVIDED MONETARY SUPPORT TO THE FOLLOWING ORGANIZATIONS &gt; \$3,000 TO SPONSOR B ARRON AREA COMMUNITY CENTER TRIATHLON &gt; \$1,500 TO SPONSOR CHETEK FISHY FOUR RUN/WALK &gt; \$ 200 DONATION TO BARRON HIGH SCHOOL FCCLA GLOW RUN &gt; \$100 TO SPONSOR BARRON BENCH PRESS CL ASSIC - MCHS-NORTHLAND HOSTED OR SPONSORED THE FOLLOWING PROGRAMS &gt; CURLING, CANOE PADDLE , SNOWSHOE HIKING EVENTS, &gt; FAMILY SWIM AND SPLASH PAD FUN,&gt; ROCK 'N ROLLER-SKATING OPPORT UNITY, &gt; KIDS MENU DOCUMENTARY AND MY NIGHT TO COOK PRESENTATIONS - MCHS-NORTHLAND PARTNE RED WITH THE FOLLOWING ORGANIZATIONS &gt; EAU CLAIRE YMCA - HOSTED EIGHTH ANNUAL CAMP WABI, A SUMMER CAMP FOR CHILDREN STRUGGLING WITH WEIGHT, &gt; BARRON CHAMBER - FALL FEST CHILDREN'S ACTIVITIES SPONSORCHRONIC DISEASE TO INCREASE COMMUNITY OPPORTUNITIES TO EFFECTIVELY MANA GE CHRONIC DISEASE CONDITIONS - MCHS-NORTHLAND PROVIDED MONETARY SUPPORT TO THE FOLLOWING ORGANIZATIONS &gt; \$5,000 TO BOYS AND GIRLS CLUB OF BARRON COUNTY &gt; \$2,500 TO SPONSOR AMERI CAN CANCER SOCIETY RELAY FOR LIFE &gt; \$1,000 TO RENAISSANCE CHARITABLE FOUNDATION FOR BRAIN CANCER AWARENESS EVENT - MCHS-NORTHLAND HOSTED OR SPONSORED THE FOLLOWING PROGRAMS &gt; NAT IONAL DIABETES PREVENTION PROGRAM &gt; KNOW YOUR NUMBERS &gt; LYMPHEDEMA LAUGH &amp; LEARN SUPPORT G ROUP &gt; FALL RISK SCREENING- MCHS-NORTHLAND PARTNERED WITH THE FOLLOWING ORGANIZATIONS &gt; B ARRON COUNTY HEALTH FAIR &gt; BARRON, RUSK AND WASHBURN COUNTIES ADRC - PARTNERSHIP WITH EVID ENCE-BASED HEALTH PROMOTION PROGRAMMING &gt; BARRON COUNTY EMPLOYEE WELLNESS FAIR - PROMOTED DIABETES PREVENTION PROGRAM AND OTHER HEALTH PROMOTION OFFERINGS &gt; HANDWASHING STATIONS PR OVIDED FREE OF CHARGE &gt; THRIVE BARRON COUNTY CHRONIC DISEASE CHAT AND EXECUTIVE COMMITTEE MENTAL HEALTH TO INCREASE AWARENESS OF MENTAL HEALTH AND ITS IMPORTANCE FOR LONG-TERM HEA LTH OUTCOMES - MCHS-NORTHLAND PROVIDED MONETARY SUPPORT TO SUPPORT THE FOLLOWING ORGANIZA TIONS &gt; HOMETOWN HEALTH GRANT OF \$23,500 AWARDED TO NAMI OF BARRON COUNTY FOR THEIR HOPE &amp; RECOVERY PROJECT &gt; \$250 TO SPONSOR ST CROIX VALLEY SEXUAL ASSAULT RESPONSE TEAM ICE FI SHING CONTEST - MCHS-NORTHLAND HOSTED OR SPONSORED THE FOLLOWING PROGRAMS &gt; SUICIDE PREV ENTION CLASSES (QPR) &gt; ROAD TO RESILIENCE RAISING HEALTHY KIDS - ADULTS HELP CHILDREN BUI LD RESILIENCY ALONG WITH SOCIAL AND COPING SKILLS BY PARTICIPATING IN THIS ONLINE SIX-WEEK PROGRAM CONTENT IS GROUPED BY AGE LEVEL AND CHILDREN USE A GAME SHEET TO RECORD PROGRESS &gt; GRATITUDE CHALLENGE - VIRTUAL CHALLENGE ENCOURAGING JOURNALING ABOUT THE BIG AND SMALL THINGS FOR WHICH YOU ARE THAN</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 12 -- MCHS NORTHLAND PART V, SECTION B, LINE 11	KFUL - MCHS-NORTHLAND PARTNERED WITH THE FOLLOWING ORGANIZATION > BARRON COUNTY - ADULT AT RISK COMMITTEE > BARRON COUNTY - SEXUAL ASSAULT COMMITTEE THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-NORTHLAND IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES FOR THE REASONS STATED - ACCESS TO DENTAL CARE THIS IS OUTSIDE THE EXPERTISE AND RESOURCES AVAILABLE AT THE HOSPITAL - ALCOHOL AND DRUG/USE ABUSE OTHER AGENCIES IN THE COUNTY ARE ADDRESSING THESE ISSUES, AND THEY ARE GENERALLY OUT OF SCOPE FOR MAYO CLINIC HEALTH SYSTEM - TOBACCO USE WE CONTINUE TO SUPPORT THE DECREASE IN TOBACCO USE THROUGH PATIENT EDUCATION

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 18 -- MCHS OAKRIDGE PART V, SECTION B, LINE 5	DATA COLLECTION METHODS INCLUDED A RANDOM HOUSEHOLD SURVEY (791 RESPONSES), CONVENIENCE SURVEY, COMMUNITY CONVERSATIONS (FIVE HELD FROM MAY THROUGH OCTOBER 2015, SPECIFICALLY TARGETING THE AFRICAN AMERICAN COMMUNITY, LOW-INCOME ADULTS, AT-RISK YOUTH AND THE HISPANIC COMMUNITY) AND AN EXTENSIVE REVIEW OF SOCIOECONOMIC INDICATORS, WHICH PROVIDED AN INVENTORY OF COMMUNITY RESOURCES IN ADDITION, 753 COMMUNITY MEMBERS SHARED FEEDBACK THROUGH CONVENIENCE SAMPLES TARGETED AT UNDERREPRESENTED POPULATIONS FROM THE HOUSEHOLD SURVEY THOSE TARGETED WERE AFRICAN-AMERICANS, HISPANICS, LGBT YOUTH, AT-RISK YOUTH, LOW-INCOME ADULTS AND SENIOR CITIZENS MANY ORGANIZATIONS PROVIDED INPUT INCLUDING THE AFRICAN-AMERICAN MUTUAL ASSISTANCE NETWORK, WESTERN DAIRYLAND, BOYS & GIRLS CLUB, CATHOLIC CHARITIES, YMCA, ADRC, THE SALVATION ARMY AND WAFER FOOD PANTRY TO NAME A FEW

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP B-FACILITY 18 -- MCHS OAKRIDGE PART V, SECTION B, LINE 6A	TOMAH MEMORIAL HOSPITALGUNDERSEN HEALTH SYSTEM

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
GROUP B-FACILITY 18 -- MCHS OAKRIDGE PART V, SECTION B, LINE 6B	COOPERATIVE EDUCATIONAL SERVICE AGENCY #4LA CROSSE MEDICAL HEALTH SCIENCE CONSORTIUMWISCONSIN ECONOMIC DEVELOPMENT CORPORATIONLA CROSSE AREA FAMILY COLLABORATIVELA CROSSE COUNTY UW EXTENSIONLA CROSSE COMMUNITY FOUNDATIONCOULEE CAPGREAT RIVERS UNITED WAY

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 18 -- MCHS OAKRIDGE PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - NWWI, OAKRIDGE HOSPITAL (MCHS-OAKRIDGE) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT -OBESITY-CHRONIC DISEASE-MENTAL HEALTHIN 2018, MCHS-OAKRIDGE TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBESITY TO INCREASE PHYSICAL ACTIVITY OPPORTUNITIES AND AWARENESS OF PROPER NUTRITION AND EDUCATION REGARDING ITS IMPORTANCE FOR LONG TERM HEALTH FOR YOUTH AND FAMILIES - MCHS-OAKRIDGE PROVIDED MONETARY SUPPORT THROUGH A HOMETOWN HEALTH GRANT OF \$25,000 AWARDED TO BEAVER CREEK RESERVE FOR THEIR LIVING HEALTHY AND STAYING ACTIVE IN NATURE PROGRAM - MCHS-OAKRIDGE HOSTED OR SPONSORED THE FOLLOWING PROGRAMS &gt; FAMILY SWIM, &gt; WINTER HIKE - MCHS-OAKRIDGE PARTNERED WITH THE FOLLOWING ORGANIZATIONS &gt; EAU CLAIRE YMCA - HOSTED EIGHTH ANNUAL CAMP WABI, A SUMMER CAMP FOR CHILDREN STRUGGLING WITH WEIGHT, &gt; OSSEO MERCHANTS BASEBALL TEAM - OFFERED BASEBALL FUN AND TRAINING TO CHILDREN CHRONIC DISEASE TO INCREASE COMMUNITY OPPORTUNITIES TO EFFECTIVELY MANAGE CHRONIC DISEASE CONDITIONS - MCHS-OAKRIDGE HOSTED OR SPONSORED KNOW YOUR NUMBERS - MCHS-OAKRIDGE PARTNERED WITH AMERICAN CANCER SOCIETY - SUPPORTING FOUR RELAY FOR LIFE EVENTS IN THE REGIONMENTAL HEALTH TO INCREASE AWARENESS OF MENTAL HEALTH AND ITS IMPORTANCE FOR LONG-TERM HEALTH OUTCOMES - MCHS-OAKRIDGE HOSTED OR SPONSORED THE FOLLOWING PROGRAMS &gt; SUICIDE PREVENTION CLASSES (QPR) &gt; ROAD TO RESILIENCE RAISING HEALTHY KIDS - ADULTS HELP CHILDREN BUILD RESILIENCY ALONG WITH SOCIAL AND COPING SKILLS BY PARTICIPATING IN THIS ONLINE SIX-WEEK PROGRAM CONTENT IS GROUPED BY AGE LEVEL AND CHILDREN USE A GAME SHEET TO RECORD PROGRESS &gt; GRATITUDE CHALLENGE - VIRTUAL CHALLENGE ENCOURAGING JOURNALING ABOUT THE BIG AND SMALL THINGS FOR WHICH YOU ARE THANKFUL - MCHS-OAKRIDGE PARTNERED WITH PARK BEATS - MUSIC IN THE PARK PROGRAMMING AND \$500 SPONSORSHIP THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-OAKRIDGE IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES FOR THE REASONS STATED - ACCESS TO DENTAL CARE THIS IS OUTSIDE THE EXPERTISE AND RESOURCES AVAILABLE AT THE HOSPITAL - DEATHS CAUSED BY MOTOR VEHICLE ACCIDENTS MAYO CLINIC HEALTH SYSTEM ADDRESSES THIS NEED THROUGH ITS BI-ANNUAL TEEN CAR-CONTROL CLASS, HOWEVER, IT IS MOST EFFECTIVELY ADDRESSED THROUGH OTHER COMMUNITY AGENCIES - ALCOHOL AND DRUG/USE ABUSE OTHER AGENCIES IN THE COUNTY ARE ADDRESSING THESE ISSUES, THEY GENERALLY ARE OUT OF SCOPE FOR MAYO CLINIC HEALTH SYSTEM - TOBACCO USE WE CONTINUE TO SUPPORT THE DECREASE IN TOBACCO USE THROUGH PATIENT EDUCATION</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 13 -- MCHS CHIPPEWA VALLEY PART V, SECTION B, LINE 5	COMMUNITY INPUT WAS RECEIVED AT NUMEROUS STAGES AND FROM A VARIETY OF LEVELS OF LEADERSHIP THROUGHOUT THE CHNA PROCESS THE COMMUNITY HEALTH ASSESSMENT PLANNING PARTNERSHIP COMMITTEE (WHICH MET TWICE A MONTH FROM MAY 2014-MAY 2015) PARTICIPATED IN GATHERING AND ANALYZING LOCAL HEALTH DATA, AS WELL AS PLANNING FOR AND DISTRIBUTING COMMUNITY HEALTH SURVEYS INPUT WAS ALSO RECEIVED DURING THE COMMUNITY CONVERSATIONS INPUT WAS COLLECTED FROM THE TRADITIONALLY UNDERSERVED COMMUNITY THROUGH COMMUNITY HEALTH SURVEYS DISTRIBUTED TO THE LOCAL SENIOR CENTER AND COMMUNITY MEAL SITE SURVEYS WERE ALSO DISTRIBUTED TO AND RECEIVED FROM REPRESENTATIVES OF LOCAL COMMUNITY RESOURCE ORGANIZATIONS THAT SERVE TRADITIONALLY UNDERREPRESENTED, MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS ORGANIZATIONS THAT RECEIVED SURVEYS INCLUDE AREA SCHOOLS, AGING AND DISABILITY RESOURCE CENTER, BOYS & GIRLS CLUB, BLOOMER AREA FOOD PANTRY, SALVATION ARMY FOOD PANTRY, RIVER SOURCE FAMILY CENTER, FAITH-BASED ORGANIZATIONS AND OTHERS ALL SURVEYS WERE RECEIVED ELECTRONICALLY OR ON PAPER WITHIN A MONTH OF SURVEY LAUNCH IN ADDITION, LISTENING SESSIONS WITH UNDERREPRESENTED GROUPS WERE HELD AT THE CHIPPEWA FALLS AREA SENIOR CENTER AND AGNES' TABLE (CHIPPEWA FALLS) IN ORDER TO GATHER ADDITIONAL PRIMARY DATA ON PERCEIVED COMMUNITY HEALTH NEEDS AND ASSETS WRITTEN COMMENTS WERE COLLECTED AT THE FINAL COMMUNITY HEALTH IMPROVEMENT EVENT IN WHICH COMMUNITY MEMBERS, POLICY MAKERS AND RESOURCE ORGANIZATION REPRESENTATIVES GATHERED TO DISCUSS EVIDENCE-BASED APPROACHES TO THE PRIORITY HEALTH AREAS SELECTED FOR CHIPPEWA COUNTY



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP B-FACILITY 13 -- MCHS CHIPPEWA VALLEY PART V, SECTION B, LINE 6A	HSHS ST JOSEPH'S HOSPITAL, CHIPPEWA FALLS, WISCONSIN

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP B-FACILITY 13 -- MCHS CHIPPEWA VALLEY PART V, SECTION B, LINE 6B	CHIPPEWA HEALTH IMPROVEMENT PARTNERSHIPCHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTHMARSHFIELD CLINICUNITED WAY OF THE GREATER CHIPPEWA VALLEY

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 13 -- MCHS CHIPPEWA VALLEY PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - NWWI, CHIPPEWA VALLEY HOS PITAL (MCHS-CV) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT -OBESITY-CHRONIC DISEASE-MEN TAL HEALTHIN 2018, MCHS-CV TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBES ITY TO INCREASE PHYSICAL ACTIVITY OPPORTUNITIES AND AWARENESS OF PROPER NUTRITION AND EDU CATION REGARDING ITS IMPORTANCE FOR LONG TERM HEALTH FOR YOUTH AND FAMILIES - MCHS-CV PROV IDED MONETARY SUPPORT THROUGH A HOMETOWN HEALTH GRANT TO THE FOLLOWING ORGANIZATIONS &gt; \$2 5,000 AWARDED TO LEGACY COMMUNITY CENTER WHICH PROVIDES HEALTHY MEALS, EMERGENCY FOOD SUPP LIES, AND REFERRAL COORDINATION FOR STRUGGLING LOCAL FAMILIES, &gt; \$15,000 AWARDED TO BIG BR OTHERS BIG SISTERS FOR THEIR MENTORS IN MOTION PROGRAM, &gt; \$19,000 AWARDED TO CHILDREN'S MU SEUM OF EAU CLAIRE EAT! MOVE! LIVE! PROGRAM &gt; \$5,000 AWARDED TO FEED MY PEOPLE WEEKEND K IDS' MEALS PROGRAM ADDRESSING CHILD HUNGER AND LOCAL FOOD INSECURITY - MCHS-CV HOSTED OR S PONSORED THE FOLLOWING PROGRAMS &gt; HIKING EVENTS (THREE EVENTS), &gt; STRONG BONES (SIX SERIES ),&gt; FAMILY SWIM, &gt; MUSIC AND MOVEMENT (TWO SERIES) - MCHS-CV PARTNERED WITH THE FOLLOWING ORGANIZATIONS &gt; CHIPPEWA VALLEY FAMILY YMCA - HEALTHY KIDS DAY SPONSOR, &gt; BLOOMER FAIR - H AND WASHING STATIONS PROVIDED FREE OF CHARGE, &gt; EAU CLAIRE YMCA - HOSTED EIGHTH ANNUAL CAM P WABI, A SUMMER CAMP FOR CHILDREN STRUGGLING WITH WEIGHT, &gt; PARTNERSHIP FOR A HEALTHIER A MERICA'S FNV (FRUITS 'N VEGETABLES) INITIATIVE - PROMOTING INCREASED CONSUMPTION OF FRUITS AND VEGETABLES TARGETING LOW INCOME MILLENNIALS &gt; COLFAX SCHOOLS - SUPPORTED SUMMER SAUN TERS PROGRAM WITH A \$1,000 GRANT CHRONIC DISEASE TO INCREASE COMMUNITY OPPORTUNITIES TO E FECTIVELY MANAGE CHRONIC DISEASE CONDITIONS - MCHS-CV HOSTED OR SPONSORED THE FOLLOWING P ROGRAMS &gt; FRIENDS AND FAMILY CPR CLASS &gt; LIVING WELL WITH CHRONIC CONDITIONS &gt; KNOW YOUR NUMBERS - MCHS-CV PARTNERED WITH THE FOLLOWING ORGANIZATIONS &gt; AMERICAN CANCER SOCIETY - SUPPORTING FOUR RELAY FOR LIFE EVENTS IN OUR REGION &gt; CHIPPEWA HEALTH IMPROVEMENT PARTNERS HIP (CHIP) - AN EMPLOYEE SERVES ON THE COUNCIL &gt; BLOOMER HEALTH FAIR - PROVIDING HEALTH IN FORMATION AND ACTIVITIES &gt; BLOOMER HEALTH FAIR - FREE GLUCOSE SCREENINGS &gt; OPEN DOOR FREE CLINIC - PROVIDED MONETARY SUPPORT FOR LAB AND X-RAY SERVICES MENTAL HEALTH TO INCREASE A WARENESS OF MENTAL HEALTH AND ITS IMPORTANCE FOR LONG-TERM HEALTH OUTCOMES - MCHS-CV PROV IDED MONETARY SUPPORT THROUGH A HOMETOWN HEALTH GRANT OF \$5,000 TO THE BOYS &amp; GIRLS CLUB O F THE GREATER CHIPPEWA VALLEY MENTAL HEALTH &amp; STABILITY PROGRAM - MCHS-CV HOSTED OR SPONSO RED THE FOLLOWING PROGRAMS &gt; PREVENT SUICIDE CHIPPEWA VALLEY WALK &gt; SUICIDE PREVENTION C LASSES (QPR) (TWO PROGRAMS) &gt; ROAD TO RESILIENCE RAISING HEALTHY KIDS - ADULTS HELP CHILD REN BUILD RESILIENCY ALONG WITH SOCIAL AND COPING SKILLS BY PARTICIPATING IN THIS ONLINE S IX-WEEK PROGRAM CONTENT IS GROUPED BY AGE LEVEL AND CHILDREN USE A GAME SHEET TO RECORD P ROGRESS &gt; GRATITUDE CHALLENGE</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP B-FACILITY 13 -- MCHS CHIPPEWA VALLEY PART V, SECTION B, LINE 11	<p>- VIRTUAL CHALLENGE ENCOURAGING JOURNALING ABOUT THE BIG AND SMALL THINGS FOR WHICH YOU ARE THANKFUL - MCHS-CV PARTNERED WITH THE FOLLOWING ORGANIZATION &gt; MENTAL HEALTH MATTERS - PARTNERSHIP IN EAU CLAIRE AND CHIPPEWA COUNTIES WITH LOCAL HEALTH DEPARTMENTS, UNITED WAY AND HEALTHCARE ORGANIZATIONS, ADDRESSING YOUTH MENTAL HEALTH EDUCATION, MINDFULNESS TRAINING &gt; UNITED WAY OF THE GREATER CHIPPEWA VALLEY - AN EMPLOYEE CHAIRS THE HEALTH ADVISORY COUNCIL, AND ANOTHER SERVES ON THE BOARD, BOTH ARE THREE-YEAR TERMS &gt; NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI) CHIPPEWA VALLEY - MCHS-CV'S DIRECTOR OF INPATIENT BEHAVIORAL HEALTH SERVES ON THEIR BOARD &gt; PREVENT SUICIDE CHIPPEWA VALLEY - MCHS-CV'S DIRECTOR OF INPATIENT BEHAVIORAL HEALTH SERVES ON THEIR BOARD THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCHS-CV IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES FOR THE REASONS STATED - ACCESS TO DENTAL CARE THIS IS OUTSIDE THE EXPERTISE AND RESOURCES AVAILABLE AT THE HOSPITAL - ALCOHOL AND DRUG USE/ABUSE OTHER AGENCIES IN THE COUNTY, INCLUDING THE LOCAL UNITED WAY AND HEALTH DEPARTMENT ARE ADDRESSING THESE ISSUES REPRESENTATIVES FROM MAYO CLINIC HEALTH SYSTEM ARE PART OF THESE ACTION TEAMS - TOBACCO USE WE CONTINUE TO SUPPORT THE DECREASE IN TOBACCO USE THROUGH PATIENT EDUCATION - PARENTING MAYO CLINIC HEALTH SYSTEM WILL CONTINUE TO WORK CLOSELY WITH THE LOCAL FAMILY SUPPORT CENTER ON ITS EFFORTS TO REDUCE PARENTING CONCERNS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP D

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP D CONSISTS OF	- FACILITY 2 MCHS FRANCISCAN HEALTHCARE LA CROSSE, - FACILITY 15 MCHS FRANCISCAN HEALTHCARE SPARTA

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 2 -- MCHS FRANCISCAN HEALTHCARE LA CROSSE PART V, SECTION B, LINE 5	THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED AS PART OF A COLLABORATIVE, COMPREHENSIVE STUDY OF NEEDS ACROSS A FIVE-COUNTY AREA SERVED BY GREAT RIVERS UNITED WAY INPUT WAS GATHERED IN VARIOUS FORMATS FROM 2014 INTO 2015 A 90-ITEM HOUSEHOLD SURVEY WAS MAILED TO 5,000 RANDOMLY SELECTED HOUSEHOLDS IN THE FIVE COUNTIES ADDITIONALLY, A 753-PARTICIPANT CONVENIENCE SAMPLING, FOCUSING ON MEMBERS OF SMALLER AND POTENTIALLY UNDERREPRESENTED SUBGROUPS WAS USED "COMMUNITY CONVERSATIONS" INVITED ALL INTERESTED RESIDENTS TO ENGAGE IN THE PROCESS STEERING GROUP MEETINGS ENGAGED EXPERTS FROM MANY FIELDS AND WERE USED TO IDENTIFY PRIORITY ISSUES AND RESOURCES IN THE COMMUNITY IN ALL, MORE THAN 1700 COMMUNITY MEMBERS CONTRIBUTED TO THE SURVEY THE DATA ACQUIRED GUIDED THE DEVELOPMENT OF FOUR PROFILES THAT SERVE AS THE BUILDING BLOCKS TO A BETTER LIFE HEALTH, INCOME, EDUCATION AND COMMUNITY SUBSEQUENTLY, THE HEALTH COUNCIL, COMPRISED OF EXPERTS IN THE FIELD, REVIEWED HEALTH DATA, ANALYZED SURVEY AND COMMUNITY CONVERSATION RESULTS, AND OFFERED PROFESSIONAL INSIGHTS ABOUT TOPIC-SPECIFIC ISSUES THE HEALTH COUNCIL IDENTIFIED 12 SIGNIFICANT COMMUNITY HEALTH ISSUES AND PRIORITIZED THEM BASED ON PREVALENCE, IMPACT, AND IMPORTANCE TO THE COMMUNITY ULTIMATELY, THREE TOP COMMUNITY HEALTH PRIORITIES WERE IDENTIFIED CHRONIC DISEASE AND CONTRIBUTORS TO CHRONIC DISEASE, MENTAL HEALTH AND/OR SUBSTANCE ABUSE, AND ORAL HEALTH

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 2 -- MCHS FRANCISCAN HEALTHCARE LA CROSSE PART V, SECTION B, LINE 6A	GUNDERSEN HEALTH SYSTEMGUNDERSEN ST JOSEPH'S HOSPITAL AND CLINICSGUNDERSEN TRI-COUNTY HOSPITAL AND CLINICSMAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE IN SPARTATOMAH MEMORIAL HOSPITALVERNON MEMORIAL HEALTHCARE



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
GROUP D-FACILITY 2 -- MCHS FRANCISCAN HEALTHCARE LA CROSSE PART V, SECTION B, LINE 6B	GREAT RIVERS UNITED WAYHOUSTON COUNTY HEALTH DEPARTMENTLA CROSSE COUNTY HEALTH DEPARTMENTMONROE COUNTY HEALTH DEPARTMENTTREMPEALEAU COUNTY HEALTH DEPARTMENTVERNON COUNTY HEALTH DEPARTMENTLA CROSSE COMMUNITY FOUNDATIONOTTO BREMER FOUNDATION

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 2 -- MCHS FRANCISCAN HEALTHCARE LA CROSSE PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - FRANCISCAN MEDICAL CENTER IN LA CROSSE (MCHS-LA CROSSE) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT -CHRONIC DISEASE &amp; CONTRIBUTING FACTORS -MENTAL HEALTH AND/OR SUBSTANCE ABUSE MCHS-LA CROSSE TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS IN 2018 TO REDUCE THE INCIDENCE AND IMPACT OF CHRONIC DISEASE THROUGH INCREASED ADOPTION OF HEALTHY LIFESTYLES, MCHS-LA CROSSE -HOSPITAL STAFF SUPPORTED COMMUNITY EFFORTS TO PREVENT/MANAGE CHRONIC DISEASE SUCH AS LA CROSSE MEDICAL HEALTH SCIENCE CONSORTIUM POPULATION HEALTH COMMITTEE, JDRF LOCAL CHAPTER, 7 RIVERS SUDDEN CARDIAC ARREST ASSOCIATION, CELEBRATING HER HEART HEALTH, LA CROSSE COUNTY HEALTH &amp; HUMAN SERVICES BOARD -PROVIDED FREE ONSITE PROGRAMS INCLUDING PREVENTATIVE SCREENINGS, CLASSES AND SUPPORT GROUPS AT VARIOUS COMMUNITY HEALTH FAIRS -CONDUCTED 34 MOBILE TEACHING KITCHEN DEMOS AT AREA EVENTS, COMMUNITY CENTERS AND ELEMENTARY SCHOOLS TO ENGAGE PEOPLE IN EXPLORING NEW FOODS AND LEARNING TO PREPARE EASY, HEALTHY, INEXPENSIVE RECIPES -COLLABORATED WITH WISCORPS AND PURPLE COW ORGANICS TO MAKE 170 SQUARE-FOOT GARDEN KITS AVAILABLE TO COMMUNITY MEMBERS AT COST, WITH ANOTHER 30 DONATED TO NONPROFITS/FAMILIES IN NEED -PROVIDED 90 GARDEN PLOTS FOR URBAN GARDENERS A PORTION OF THE PRODUCE WAS DONATED TO AREA FOOD PANTRIES -THE "HOMEGROWN HEALTH" SERIES HELPED BOTH NOVICE AND EXPERIENCED GARDENERS TO MAXIMIZE GARDEN OUTPUT, USE PRODUCE IN NEW WAYS, AND PRESERVE EXCESS FOOD FOR CONSUMPTION AFTER THE GROWING SEASON -MONTHLY MEALS IN MINUTES TV NEWS SEGMENTS FEATURED THE HOSPITAL'S CHEF SHARING EASY, HEALTHY, TASTY, AND INEXPENSIVE RECIPES FOR FAMILIES/PEOPLE ON THE GO -PROVIDED FINANCIAL SUPPORT FOR LOCAL INITIATIVES ENGAGING PEOPLE, ESPECIALLY CHILDREN, IN GROWING, TASTING, AND PREPARING FRESH HEALTHY FOODS -CASH AND IN-KIND DONATIONS WERE PROVIDED TO SUPPORT PARTNERSHIPS WITH GROW LA CROSSE, COULEE REGION FARM2SCHOOL, AND WISCORPS IN-KIND SUPPORT OF FARM2SCHOOL INCLUDED 4 SCHOOL-BASED COOKING DEMONSTRATIONS CO-COORDINATED BY HOSPITAL AND SCHOOL STAFF AND FEATURED THE HOSPITAL'S EXECUTIVE CHEF -PROVIDED 5 -2-1-0 EDUCATION (5 FRUITS AND VEGETABLES, 2 HOURS OF SCREEN TIME, 1 HOUR OF PHYSICAL ACTIVITY, AND 0 SUGARY DRINKS) AS A STANDARD COMPONENT OF WELL-CHILD PATIENT VISITS -PROVIDED FINANCIAL SUPPORT THROUGH THE COMMUNITY INVESTMENT PROGRAM FOR THE FOLLOWING EVENTS AND PROGRAMS THAT PROMOTE PHYSICAL ACTIVITY AND WELLNESS LINKED TO THE LAND HIKING SERIES, LA CROSSE AREA BICYCLE FEST, YOUTH OUTDOOR FEST, GET UP &amp; GO DAY, JUNE DAIRY DAYS CLASSIC BIKE TOUR, AND COMMUNITIES OFF N' FUNNING -PROVIDED FINANCIAL SUPPORT TO GROUPS ASSISTING PEOPLE LIVING WITH CHRONIC DISEASES, INCLUDING THE LOCAL LUPUS ALLIANCE, LIVING FOR LIZ (LUNG CANCER), CELEBRATING HER HEART HEALTH, JUVENILE DIABETES RESEARCH FOUNDATION, AMERICAN HEART ASSOCIATION, MS SOCIETY, AMERICAN CANCER SOCIETY, AND THE ALZHEIMER'S ASSOCIATION -HELD THE 6TH ANNUAL BIG BLUE DRA</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 2 -- MCHS FRANCISCAN HEALTHCARE LA CROSSE PART V, SECTION B, LINE 11	GON BOAT FESTIVAL DRAGON BOATING PROVIDES EMOTIONAL SUPPORT FOR CANCER SURVIVORS, WHILE A LSO STEMMING LYMPHEDEMA MANY SURVIVORS CONTINUED TO PADDLE ALL SUMMER USING BOATS AND EQUIPMENT OWNED BY THE HOSPITAL THE BOYS AND GIRLS CLUB OF GREATER LA CROSSE WAS A CO-PRESENTER OF THE FESTIVAL IN 2018 SO A PORTION OF THE NET PROCEEDS WERE DESIGNATED TO SUPPORT THE CLUB'S HEALTHY LIFESTYLES PROGRAMS -THE GREAT RIVERS HUB, A COLLABORATIVE, EVIDENCE-BASED APPROACH TO COMMUNITY HEALTH IMPROVEMENT, COMPLETED ITS FIRST FULL-YEAR OF OPERATION THE HUB IS A CARE MANAGEMENT SYSTEM COMMUNITY CARE COORDINATORS WORK 1:1 WITH CLIENTS TO ADDRESS SOCIAL DETERMINANTS IMPACTING THEIR PHYSICAL AND MENTAL HEALTH THE HOSPITAL CONTINUES TO BE ACTIVELY INVOLVED IN THE HUB, PROVIDING REFERRALS, ASSISTING WITH DATA COLLECTION, AND PROVIDING STAFF TO SERVE ON THE STEERING AND DATA COMMITTEES MCHS-LA CROSSE ALSO CONTINUED THE FOLLOWING EFFORTS IN 2018 -SPONSORSHIP OF THE WINTER FARMERS MARKET TO EXTEND ACCESS TO FRESH LOCAL FOODS AFTER SUMMER MARKETS CLOSE -COLLABORATION WITH THE FOLLOWING ORGANIZATIONS TO POSITIVELY INFLUENCE LOCAL FOOD CULTURE AND A SUSTAINABLE FOOD SYSTEM HILLVIEW URBAN AGRICULTURE, WESTERN TECHNICAL COLLEGE, UW-LA CROSSE, 5TH SEASON COOPERATIVE, WISCORPS, AND ANTHEM BLUE CROSS BLUE SHIELD THE HOSPITAL ALSO CONTINUED TO SERVE AS A COMMUNITY DROP-OFF SITE FOR COMMUNITY SHARED AGRICULTURE (CSA) FRESH FOOD BOXES -EXPLORING NEW OPPORTUNITIES FOR COLLABORATION AND THE POOLING OF RESOURCES TO ADDRESS CHRONIC DISEASE AND CONTRIBUTING FACTORS NEW COLLABORATIONS INCLUDED ANTHEM BLUE CROSS BLUE SHIELD, THE A RCADIA COMMUNITY CENTER, AND PATCH (PROVIDERS AND TEENS COMMUNICATING FOR HEALTH) TO INCREASE COMMUNITY RESOURCES FOR INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL HEALTH AND/OR SUBSTANCE ABUSE CONCERNS, MCHS-LA CROSSE -HOSPITAL LEADERS AND STAFF WERE ENGAGED IN INITIATIVES TO ADDRESS MENTAL HEALTH AND/OR SUBSTANCE ABUSE EXAMPLES INCLUDE COULEE COUNCIL ON ADDICTIONS, LA CROSSE COUNTY PREVENTION NETWORK, LA CROSSE HEROIN & OTHER ILLICIT DRUG TASK FORCE, ALLIANCE TO HEAL, LA CROSSE AREA SUICIDE PREVENTION INITIATIVE, LA CROSSE MENTAL HEALTH COALITION, CAMPAIGN TO CHANGE DIRECTION, AND THE BETTER TOGETHER COLLABORATIVE -OFFERED THE FOLLOWING PROGRAMS AT NO COST TO COMMUNITY MEMBERS ADDICTIONS AND AGING, LONELINESS & SUICIDE, BELLE SQUARE MENTAL HEALTH WELLNESS FAIR, HEALING THROUGH GRIEF, DEMENTIA SUPPORT GROUP, ADHD PARENT SUPPORT GROUP -HOSTED THE ANNUAL CHILD MALTREATMENT CONFERENCE FOR CHILD PROTECTION WORKERS, LAW ENFORCEMENT, MEDICAL AND MENTAL HEALTH PROFESSIONALS, SCHOOL PERSONNEL, EMERGENCY RESPONSE PERSONNEL AND VICTIM/WITNESS ADVOCATES -FORMED A NEW EXERCISE GROUP LED BY PHYSICAL AND OCCUPATIONAL THERAPISTS TO PROVIDE EDUCATION AND EXERCISE FOR PEOPLE WITH CHRONIC PAIN IN AN EFFORT TO REDUCE PAIN AND RELIANCE ON MEDICATIONS -PROVIDED FINANCIAL SUPPORT TO THE FOLLOWING COLLABORATIVE COMMUNITY EFFORTS THAT RAISE AWARENESS OF MENTAL ILLNESS AND/OR SUBST

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 2 -- MCHS FRANCISCAN HEALTHCARE LA CROSSE PART V, SECTION B, LINE 11	<p>ANCE ABUSE LA CROSSE POLICE (DARE), COULEE COUNCIL ON ADDICTIONS (TURNED LEAF FESTIVAL, O UTDOOR RECREATION), YMCA (VETERANS MENTAL HEALTH AWARENESS WALK), LA CROSSE SCHOOL DISTRIC T (REBUILDING FOR LEARNING RESILIENCE), CAMPAIGN TO CHANGE DIRECTION, SALVATION ARMY PSYC HIATRIC SERVICES, ALLIANCE TO HEAL (ADDICTION) -PROVIDED FINANCIAL/IN-KIND SUPPORT TO THE FOLLOWING ORGANIZATIONS ASSISTING INDIVIDUALS AND FAMILIES AFFECTED BY MENTAL HEALTH AND/O R SUBSTANCE ABUSE HIAWATHA VALLEY MENTAL HEALTH CENTER, COULEECAP HOUSING FIRST, ALZHEIME R'S ASSOCIATION, LA CROSSE COLLABORATIVE TO END HOMELESSNESS, COULEE COUNCIL ON ADDICTIONS -A CHILD PSYCHIATRIST SERVED ON AN ANTI-BULLYING COALITON -LEASED LAND AT A \$1/YEAR TO T HE COULEE RECOVERY CENTER, WHICH OPENED IN JUNE ON THE HOSPITAL'S MAIN CAMPUS THE NEW, LA RGER FACILITY MADE IT POSSIBLE TO EXPAND ADDICTION PREVENTION AND RECOVERY SERVICES MCHS-L A CROSSE ALSO CONTINUED THE FOLLOWING EFFORTS IN 2018 -INCORPORATING BEHAVIORAL HEALTH SPE CIALISTS INTO PRIMARY CARE TEAMS DURING 2018, 1 5 BEHAVIORAL HEALTH SERVICES FTES WERE AD DED AND EMBEDDED INTO PRIMARY CARE CLINICS -RECRUITING ADDITIONAL PHYSICIANS/PROVIDERS TO INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES TWO NEW PSYCHIATRISTS AND A NEUROPSYCHIATRI ST WERE HIRED -OPTIMIZATION OF PATIENT SCHEDULING TO INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES MULTIPLE INITIATIVES WERE UNDERTAKEN TO CONTINUE TO IMPROVE ACCESS LEADERSHIP T EAMS WERE REORGANIZED TO IMPROVE EFFICIENCY -DONATION OF SPACE TO HOUSE TWO LA CROSSE COUN TY SOCIAL WORKERS ON ITS CAMPUS IN THE WASHBURN NEIGHBORHOOD, AND CONTINUED TO PROVIDE A F ULL-TIME BEHAVIORAL HEALTH SPECIALIST FOR THE ERICKSON BOYS &amp; GIRLS CLUB THE HOSPITAL EMP LOYS THE SPECIALIST AND ABSORBS ALL WAGES AND BENEFITS -ENGAGEMENT IN GREAT RIVERS HUB, A COLLABORATIVE EVIDENCE-BASED APPROACH TO COMMUNITY HEALTH IMPROVEMENT FREQUENT ER USERS W ERE THE FOCUS OF A PILOT PROGRAM WHICH CONTINUED IN 2018 A SECOND PILOT WAS LAUNCHED TARG ETING PREGNANT WOMEN WITH ONE OR MORE SUBSTANCE ABUSE DISORDERS THE HUB'S COMMUNITY CARE WORKERS PROVIDE 1 1 ATTENTION AND SUPPORT TO INDIVIDUALS REFERRED TO THE HUB -EXPLORING NE W OPPORTUNITIES FOR COLLABORATION AND POOLING OF RESOURCES TO IMPROVE ACCESS TO MENTAL HEA LTH AND/OR SUBSTANCE ABUSE INFORMATION, SUPPORT, AND SERVICES NEW COLLABORATIONS INCLUDED THE FRANCISCAN SPIRITUALITY CENTER (SPONSORSHIP OF OVERCOMING CHALLENGES WITH GRIT &amp; GRAC E) AND HIAWATHA VALLEY MENTAL HEALTH CENTER IN ADDITION TO ADDRESSING THE IDENTIFIED NEEDS AS DESCRIBED ABOVE, MCHS-LA CROSSE PROVIDED HEALTH INFORMATION AT NO COST TO COMMUNITY ME MBERS VIA BROCHURES, HANDOUTS, HOMETOWN HEALTH MAGAZINE, SOCIAL MEDIA, WEB BLOGS, MAYOCLIN IC COM, AND MEDIA INTERVIEWS THE 2016 CHNA ALSO IDENTIFIED ORAL HEALTH AS A NEED IN THE CO MMUNITY, BUT ORAL HEALTH WILL NOT BE ADDRESSED BY MCHS-LA CROSSE DUE TO LACK OF EXPERTISE OR RESOURCES IN THIS AREA</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 15 -- MCHS FRANCISCAN HEALTHCARE SPARTA PART V, SECTION B, LINE 5	THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED AS PART OF A COLLABORATIVE, COMPREHENSIVE STUDY OF NEEDS ACROSS A FIVE-COUNTY AREA SERVED BY GREAT RIVERS UNITED WAY INPUT WAS GATHERED IN VARIOUS FORMATS FROM 2014 INTO 2015 A 90-ITEM HOUSEHOLD SURVEY WAS MAILED TO 5,000 RANDOMLY SELECTED HOUSEHOLDS IN THE FIVE COUNTIES ADDITIONALLY, A 753-PARTICIPANT CONVENIENCE SAMPLING, FOCUSING ON MEMBERS OF SMALLER AND POTENTIALLY UNDERREPRESENTED SUBGROUPS WAS USED "COMMUNITY CONVERSATIONS" INVITED ALL INTERESTED RESIDENTS TO ENGAGE IN THE PROCESS STEERING GROUP MEETINGS ENGAGED EXPERTS FROM MANY FIELDS AND WERE USED TO IDENTIFY PRIORITY ISSUES AND RESOURCES IN THE COMMUNITY IN ALL, MORE THAN 1700 COMMUNITY MEMBERS CONTRIBUTED TO THE SURVEY THE DATA ACQUIRED GUIDED THE DEVELOPMENT OF FOUR PROFILES THAT SERVE AS THE BUILDING BLOCKS TO A BETTER LIFE HEALTH, INCOME, EDUCATION AND COMMUNITY SUBSEQUENTLY, THE HEALTH COUNCIL, COMPRISED OF EXPERTS IN THE FIELD, REVIEWED HEALTH DATA, ANALYZED SURVEY AND COMMUNITY CONVERSATION RESULTS, AND OFFERED PROFESSIONAL INSIGHTS ABOUT TOPIC-SPECIFIC ISSUES THE HEALTH COUNCIL IDENTIFIED 12 SIGNIFICANT COMMUNITY HEALTH ISSUES AND PRIORITIZED THEM BASED ON PREVALENCE, IMPACT, AND IMPORTANCE TO THE COMMUNITY ULTIMATELY, THREE TOP COMMUNITY HEALTH PRIORITIES WERE IDENTIFIED CHRONIC DISEASE AND CONTRIBUTORS TO CHRONIC DISEASE, MENTAL HEALTH AND/OR SUBSTANCE ABUSE, AND ORAL HEALTH

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 15 -- MCHS FRANCISCAN HEALTHCARE SPARTA PART V, SECTION B, LINE 6A	GUNDERSEN HEALTH SYSTEMGUNDERSEN ST JOSEPH'S HOSPITAL AND CLINICSGUNDERSEN TRI- COUNTY HOSPITAL AND CLINICSMAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE IN LA CROSSETOMAH MEMORIAL HOSPITALVERNON MEMORIAL HEALTHCARE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 15 -- MCHS FRANCISCAN HEALTHCARE SPARTA PART V, SECTION B, LINE 6B	GREAT RIVERS UNITED WAYHOUSTON COUNTY HEALTH DEPARTMENTLA CROSSE COUNTY HEALTH DEPARTMENTMONROE COUNTY HEALTH DEPARTMENTTREMPEALEAU COUNTY HEALTH DEPARTMENTVERNON COUNTY HEALTH DEPARTMENTLA CROSSE COMMUNITY FOUNDATIONOTTO BREMER FOUNDATION

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 15 -- MCHS FRANCISCAN HEALTHCARE SPARTA PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HEALTH SYSTEM - FRANCISCAN MEDICAL CENTER IN SPARTA (MCHS-SPARTA) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT - CHRONIC DISEASE &amp; CONTRIBUTING FACTORS - MENTAL HEALTH AND/OR SUBSTANCE ABUSEIN 2018, MCHS-SPARTA TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS CHRONIC DISEASE &amp; CONTRIBUTING FACTORS TO REDUCE THE INCIDENCE AND IMPACT OF CHRONIC DISEASE THROUGH INCREASED ADOPTION OF HEALTH Y LIFESTYLES, MCHS-SPARTA - SHARED MAYO CLINIC EXPERTISE IN THE COMMUNITY AS FOLLOWS &gt; PR OVIDED INFORMATION ON CHRONIC DISEASE PREVENTION/MANAGEMENT AT NO COST TO COMMUNITY MEMBER S VIA BROCHURES, HANDOUTS, HOMETOWN HEALTH MAGAZINE, SOCIAL MEDIA, WEB BLOGS, MAYOCLINIC C OM, AND MEDIA INTERVIEWS &gt; PROVIDED A REPRESENTATIVE TO SERVE ON THE MONROE COUNTY NUTRIT ION WORKGROUP WHICH WAS CONVENED AS PART OF THE COUNTY'S COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS CHRONIC DISEASE AND CONTRIBUTING FACTORS - PARTICIPATED IN VARIOUS COMMUNITY H EALTH FAIRS (FT MCCOY, MEN'S HEALTH NIGHT, CENTURY FOODS, SENIOR HEALTH FAIR, AND TEEN WE LLNESS DAY) ADDITIONALLY, THE HOSPITAL DISTRIBUTED INFORMATION ON RECOGNIZING AND PREVENT ING STROKES AT THE MONROE COUNTY FAIR, AND PARTICIPATED IN MONROE COUNTY'S "THE LONGEST DA Y" EVENT SHARING INFORMATION ABOUT ALZHEIMER'S DISEASE AND DEMENTIA - ENCOURAGED THE CONSU MPTION OF HEALTHY FOODS AND SUPPORT IMPROVED ACCESS TO HEALTHY FOODS IN THE FOLLOWING WAYS &gt; STAFF AT FORT MCCOY LEARNED TO PREPARE EASY, HEALTHY, INEXPENSIVE RECIPES THROUGH A MO BILE TEACHING KITCHEN DEMONSTRATION LED BY A HOSPITAL REGISTERED DIETITIAN HEALTHY EATING WAS ALSO THE FOCUS OF THE HOSPITAL'S BOOTH AT THE FT MCCOY HEALTH FAIR &gt; PROVIDED HEALT HY MEALS AT THE HOSPITAL TO 20 STUDENTS PARTICIPATING IN THE WEEK-LONG DEKE SLAYTON SPACE CAMP ADDITIONALLY, A HOSPITAL REGISTERED DIETITIAN SPOKE TO THE GROUP ABOUT NUTRITION IN SPACE &gt; PROVIDED FINANCIAL SUPPORT TO LOCAL FOOD PANTRIES, NEIGHBOR TO NEIGHBOR FOOD PANT RY AND THE BREAD BASKET, TO COMBAT LOCAL FOOD INSECURITY SUPPORT WAS ALSO PROVIDED FOR A WEEKEND BACKPACK PROGRAM THROUGH THE UW-EXTENSION BACKPACKS ARE FILLED WITH FOOD ON FRIDA YS TO ENSURE SCHOOL CHILDREN HAVE ENOUGH TO EAT OVER THE WEEKEND A FOOD DRIVE WAS ALSO HE LD AT THE HOSPITAL TO HELP FILL THE BACKPACKS &gt; CONTINUED TO SERVE AS A COMMUNITY DROP-OF F SITE FOR COMMUNITY SUPPORTED AGRICULTURE SHARES (FRESH FOOD BOXES) &gt; PROVIDED 5-2-1-0 H EALTHY LIFESTYLES EDUCATION (A PUBLIC EDUCATION CAMPAIGN ENDORSING 5 FRUITS AND VEGETABLES , 2 HOURS OF SCREEN TIME, 1 HOUR OF PHYSICAL ACTIVITY, AND 0 SUGARY DRINKS) AS A STANDARD COMPONENT OF WELL-CHILD VISITS - FINANCIAL SUPPORT WAS PROVIDED FOR COMMUNITY PROGRAMS TH AT PROMOTE PHYSICAL ACTIVITY AND WELLNESS THROUGH THE COMMUNITY INVESTMENT PROGRAM A TOTA L OF \$3050 WAS PROVIDED FOR THE FOLLOWING COMMUNITY PROGRAMS THE MONROE COUNTY STEPS WALK ING CHALLENGE LED BY THE UW-EXTENSION, THE REMEMBERING JESSE PARKER 5K RUN, THE TOMAH KITE FESTIVAL, THE CASHTON LIVE ON</p>



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 15 -- MCHS FRANCISCAN HEALTHCARE SPARTA PART V, SECTION B, LINE 11	<p>MAIN STREET EVENT, WITH PROCEEDS SUPPORTING HEALTHY LIVING PROGRAMS IN THE COMMUNITY, SPA RTA HEAD START, TO PROVIDE STUDENTS IN NEED WITH SHOES AND MITTENS, AND FOR CREATION OF FA MILY NIGHT MAKE &amp; TAKE ACTIVE PACKS STAFF ALSO ENGAGED IN FUNDRAISING FOR SPARTA AREA CAN CER SUPPORT (SACS) - EXPLORED NEW OPPORTUNITIES FOR COLLABORATION AND THE POOLING OF RESOU RCES TO ADDRESS CHRONIC DISEASE AND CONTRIBUTING FACTORS IN THE COMMUNITY NEW COLLABORATI ONS THIS YEAR INCLUDED THE UW-EXTENSION AND THE CASHTON AREA DEVELOPMENT CORPORATION MENTA L HEALTH AND/OR SUBSTANCE ABUSE TO INCREASE COMMUNITY RESOURCES FOR INDIVIDUALS AND FAMIL IES AFFECTED BY MENTAL HEALTH AND/OR SUBSTANCE ABUSE CONCERNS, MCHS-SPARTA - SHARED MAYO C LINIC EXPERTISE IN THE COMMUNITY AS FOLLOWS &gt; INFORMATION ON MENTAL HEALTH AND/OR SUBSTAN CE ABUSE WAS PROVIDED AT NO COST TO COMMUNITY MEMBERS VIA BROCHURES, HANDOUTS, HOMETOWN HE ALTH MAGAZINE, SOCIAL MEDIA POSTS, BLOG POSTS, MAYOCLINIC COM, AND TELEVISION INTERVIEWS &gt; HOSPITAL REPRESENTATIVES WERE ENGAGED IN COMMUNITY COLLABORATIONS ADDRESSING MENTAL HEAL TH AND/OR SUBSTANCE ABUSE, INCLUDING THE MONROE COUNTY PRESCRIPTION DRUG TASKFORCE AND THE MONROE COUNTY DEMENTIA COALITION A LICENSED CLINICAL SOCIAL WORKER SPOKE TO FT MCCOY EM PLOYEES ABOUT COPING WITH THE WINTER BLUES THE HOSPITAL WAS A PARTICIPANT IN MONROE COUNT Y'S "THE LONGEST DAY" EVENT, SHARING INFORMATION ABOUT ALZHEIMER'S AND DEMENTIA, AND THE T EEN WELLNESS FAIR WHICH HAD A MENTAL HEALTH FOCUS - IMPROVED ACCESS TO CARE BY SUCCESSFULL Y RECRUITING THREE MENTAL HEALTH AND ADDICTIONS PROVIDERS TO FILL OPEN POSITIONS - SUPPOR TED COMMUNITY EFFORTS TO RAISE AWARENESS OF MENTAL ILLNESS AND/OR SUBSTANCE ABUSE THROUGH THE COMMUNITY INVESTMENT PROGRAM A \$1000 CONTRIBUTION WAS PROVIDED FOR THE MONROE COUNTY HEALTH DEPARTMENT'S "THE LONGEST DAY" EVENT NAMI OF MONROE AND JUNEAU COUNTIES RECEIVED \$ 2000 FOR ITS END THE SILENCE CAMPAIGN - EXPLORED NEW OPPORTUNITIES FOR COLLABORATION AND POOLING OF RESOURCES TO IMPROVE ACCESS TO MENTAL HEALTH AND/OR SUBSTANCE ABUSE INFORMATION , SUPPORT, AND SERVICES A NEW COLLABORATION WITH FAMILY PROMISE OF MONROE COUNTY WAS LAUN CHED IN 2018 - SUPPORTED ORGANIZATIONS ASSISTING INDIVIDUALS AND FAMILIES AFFECTED BY MEN TAL HEALTH AND/OR SUBSTANCE ABUSE, CONTRIBUTING \$10,000 TO FAMILY PROMISE OF MONROE COUNTY , A GROUP THAT HELPS HOMELESS FAMILIES OBTAIN PERMANENT HOUSING AND ACHIEVE LONG-TERM SELF -SUFFICIENCY MCHS-SPARTA ALSO CONTINUED THE FOLLOWING EFFORTS IN 2018 - EDUCATED PHYSICIA NS/PROVIDERS ON THE REQUIREMENTS OF THE WISCONSIN PRESCRIPTION DRUG MONITORING PROGRAM - IMPLEMENTED BEST PRACTICES FOR PRESCRIBING AND MONITORING OPIOIDS A SPECIAL TOOLKIT IS AV AILABLE ON THE PHYSICIAN PRACTICE WEBPAGE THE TOOLKIT INCLUDES SAMPLE CONTROLLED SUBSTANC E AGREEMENTS, RECENT NEWS ARTICLES, AND OTHER RESOURCES EMR SCORECARDS FOR CHRONIC OPIOID THERAPY ARE ALSO USED AS TOOLS FOR DOCUMENTING BEST PRACTICES - INTEGRATED BEHAVIORAL HE ALTH PROVIDERS INTO ITS PRIMAR</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP D-FACILITY 15 -- MCHS FRANCISCAN HEALTHCARE SPARTA PART V, SECTION B, LINE 11	Y CARE TEAMS UNDER THE MAYO MODEL OF COMMUNITY CARE (MMOCC) - OPTIMIZED PATIENT SCHEDULIN G TO INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES WITH MULTIPLE PROJECTS UNDERWAY IN 2018 - EXPLORED NON-TRADITIONAL METHODS OF CARE DELIVERY, SUCH AS TELEMEDICINE, TO IMPROVE ACC ESS AND MAXIMIZE RESOURCES AT BOTH THE SPARTA AND TOMAH CAMPUSES, PATIENTS CAN NOW RECEIV E PSYCHIATRIC SERVICES VIA TELEMEDICINE THE 2016 CHNA ALSO IDENTIFIED ORAL HEALTH AS A NE ED IN THE COMMUNITY, BUT ORAL HEALTH WILL NOT BE ADDRESSED BY MCHS-SPARTA DUE TO LACK OF E XPERTISE OR RESOURCES IN THIS AREA SUPPORT FOR INITIATIVES SEEKING TO ADDRESS ORAL HEALTH NEEDS IN THE COMMUNITY WILL BE CONSIDERED

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP E

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP E CONSISTS OF	- FACILITY 1 MAYO CLINIC HOSPITAL ROCHESTER, - FACILITY 3 MAYO CLINIC HOSPITAL IN FLORIDA, - FACILITY 6 MAYO CLINIC HOSPITAL (ARIZONA)

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 6 -- MAYO CLINIC HOSPITAL (ARIZONA) PART V, SECTION B, LINE 5	THE MAYO CLINIC ARIZONA COMMUNITY ADVISORY BOARD (CAB) WAS CREATED TO DETERMINE AND VET THE FINDINGS OF IDENTIFIED AND PRIORITIZED NEEDS THE CAB IS MADE UP OF THE BROAD SPECTRUM OF THE COMMUNITY REPRESENTING COMMUNITY FEDERALLY QUALIFIED CLINICS, THE FAITH COMMUNITY, MINORITY AND DISPARATE COMMUNITY ADVOCATES, INTERNAL MAYO HOSPITAL STAFF AND OTHERS THAT HELP WITH THE PROCESS OF IDENTIFYING COMMUNITY HEALTH NEEDS AND TO ENDORSE THE DEMOGRAPHIC FINDINGS AND PRIORITIZATIONS COMMUNITY INPUT WAS OBTAINED FROM TWENTY-THREE FOCUS GROUPS THAT WERE HELD BETWEEN SEPTEMBER 2015 AND APRIL 2016

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 6 -- MAYO CLINIC HOSPITAL (ARIZONA) PART V, SECTION B, LINE 6A	BANNER HOSPITAL SYSTEMDIGNITY ST JOSEPH'S HOSPITALPHOENIX CHILDRENS HOSPITAL

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP E-FACILITY 6 -- MAYO CLINIC HOSPITAL (ARIZONA) PART V, SECTION B, LINE 6B	MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTHNATIVE HEALTH CLINICMOUNTAIN PARK HEALTH CENTERADELANTE HEALTH CLINIC

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 6 -- MAYO CLINIC HOSPITAL (ARIZONA) PART V, SECTION B, LINE 11	BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC ARIZONA (MCA) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT - CANCER- ACCESS TO CARE- HOMELESSNESS- MEDICAL TRANSPLANTATIONIN 2018, MCA TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS TO MEET THE HEALTH RELATED CANCER NEEDS OF PATIENTS WITHIN MARICOPA COUNTY, MCA - RECEIVED APPROVAL FOR A GI CLINIC AT ADELANTE, A FEDERALLY QUALIFIED HEALTH CENTER, TO OFFER COLONOSCOPIES FOR PATIENTS WITHOUT INSURANCE - PROVIDED PRO BONO BIOPSIES AT MOUNTAIN PARK HEALTH CENTER (MPHC), A DEEMED PUBLIC HEALTH SERVICE EMPLOYEE, AND PROVIDED CANCER TREATMENT TO SIX WOMEN REFERRED TO MCA FROM MPHC - PROVIDED ONGOING WEEKLY MAMMOGRAPHY SERVICES AT MPHC THROUGH MCA'S DEPARTMENT OF RADIOLOGY MCA HAS PROVIDED, MAINTAINED AND MONITORED THE EQUIPMENT IN ADDITION TO PROVIDING THE SCREENINGS AT NEITHER A COST TO MPHC NOR THE PATIENTS MPHC REFERS FOR SCREENING - PROVIDED A MONTHLY SPECIALTY CLINIC FOR PATIENTS SEEN IN THE PRIMARY CARE CLINIC OF ST VINCENT DE PAUL, AN ORGANIZATION THAT PROVIDES MEDICAL SERVICES TO THE WORKING POOR TO ASSIST WITH PROVIDING CARE THROUGH STRATEGIC COMMUNITY CLINICAL PARTNERSHIPS TO POPULATIONS THAT LACK ACCESS TO QUALITY CLINICAL CARE, THE MEDICAL STUDENTS OF THE MAYO CLINIC ALIX SCHOOL OF MEDICINE EXPANDED MCA'S CLINICAL OUTREACH TO THE COMMUNITY, SPECIFICALLY POPULATIONS THAT HAVE ISSUES WITH CLINICAL CARE ACCESS SUCH AS AN APARTMENT COMPLEX WITH 90% IMMIGRANT POPULATION TO ADDRESS HOMELESSNESS, MCA HELPED PROVIDE CARE FOR THE MOST VULNERABLE OF MARICOPA COUNTY AS DESCRIBED BELOW - MAYO CLINIC'S OFFICE OF DIVERSITY AND INCLUSION FUNDS MAYO EMPLOYEE RESOURCE GROUPS OR MERGS, WHICH ARE EMPLOYEE-ORGANIZED GROUPS THAT FORM AROUND A COMMON DIMENSION OF DIVERSITY MCA'S MERG ADDRESSED HOMELESSNESS AS FOLLOWS > MESA MEN'S SHELTER STAFF ASSISTED IN PREPARING AND SERVING MEALS ALONG WITH CLEANUP AFTERWARDS > FEED MY STARVING CHILDREN MEMBERS OF THE MERG VOLUNTEER TO FILL FOOD BOXES FOR RESIDENTS THAT HAVE NEED FOR FOOD > ST MARY'S FOOD BANK MERG MEMBERS FILL FOOD BOXES FOR COMMUNITY MEMBERS EXPERIENCING HARDSHIP > CIRCLE THE CITY RESPITE FACILITY FOR THE HOMELESS MERG MEMBERS PROVIDE TOILETRY BAGS FOR RESIDENTS AND INFORMATION TO ASSIST RESIDENTS LIVING IN THE FACILITY TO GET SOCIAL SECURITY, DISABILITY BENEFITS IN ADDITION, MCA AWARDED \$50,000 OF INFUSION GRANTS TO THE FOLLOWING THREE NOT FOR PROFIT ORGANIZATIONS THAT TREAT HOMELESS AND POOR PEOPLE - CIRCLE THE CITY RESPITE FACILITY FOR THE HOMELESS, - MOUNTAIN PARK HEALTH CENTER, - HOPE LODGE FACILITY FOR TRANSPLANT AND CANCER PATIENTSMEDICAL TRANSPLANTATION MCA CONTINUES TO PROVIDE COMPREHENSIVE CARE TO PATIENTS OF MARICOPA COUNTY IN NEED OF SOLID ORGAN TRANSPLANTATION MAYO CLINIC HOSPITAL IS THE ONLY HOSPITAL IN MARICOPA COUNTY THAT PROVIDES SOLID ORGAN TRANSPLANTATION FOR FOUR ORGANS MOST HOSPITALS PROVIDE ONE ORGAN TRANSPLANTATION



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 3 -- MAYO CLINIC FLORIDA PART V, SECTION B, LINE 5	THROUGHOUT 2014 INTO 2015, COMMUNITY INPUT WAS GATHERED THROUGH A TOTAL OF 53 KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND TOWN HALL MEETINGS CONDUCTED ACROSS THE FIVE COUNTIES LOCAL COMMUNITY HEALTH EXPERTS AND INTERNAL HOSPITAL STAFF MEMBERS WERE IDENTIFIED AND SELECTED TO PARTICIPATE AS KEY INFORMANTS THROUGH THESE INTERACTIONS, INPUT WAS RECEIVED FROM 257 INDIVIDUALS ADDITIONALLY, COMMUNITY HEALTH EXPERTS ASSISTED IN THE DESIGN, MARKETING, AND IMPLEMENTATION OF FOCUS GROUPS AND TOWN HALL MEETINGS TO PROMOTE PARTICIPATION FROM THE TARGET POPULATIONS IDENTIFIED SELECTED TOPICS AND QUESTIONS WERE DESIGNED FOR EACH INTERVIEW TYPE TWENTY-FIVE KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND TOWN HALL MEETINGS WERE CONDUCTED IN DUVAL AND ST JOHNS COUNTIES THE 124 EXTERNAL PARTICIPANTS IN THIS PROCESS PROVIDED INSIGHT ON A WIDE RANGE OF COMMUNITY HEALTH ISSUES, INCLUDING BARRIERS TO ACCESS TO HEALTH SERVICES, PREVALENCE OF CERTAIN HEALTH CONDITIONS, SOCIAL DETERMINANTS OF HEALTH, AND HEALTH DISPARITIES FACED BY THE RESIDENTS OF DUVAL AND ST JOHNS COUNTIES NINE FOCUS GROUP MEETINGS WERE HELD AT PARTNERSHIP HOSPITALS LOCATED IN DUVAL COUNTY SEVENTY ONE (71) HOSPITAL STAFF PARTICIPATED IN THIS DISCUSSION, INCLUDING REPRESENTATIVES FROM EMERGENCY DEPARTMENTS, PHYSICIANS, NURSING, CASE MANAGEMENT, AND SOCIAL SERVICES IN ADDITION, THE JACKSONVILLE COMMUNITY COUNCIL INC (JCCI) IN 2009 ISSUED "COMMUNITY ENGAGEMENT UNDERSTANDING THE GLBT COMMUNITY EXPERIENCE WITH DISCRIMINATION " THE REPORT PRESENTED RESULTS FROM SURVEYS AND FOCUS GROUPS DESIGNED TO BETTER UNDERSTAND DISCRIMINATION ENCOUNTERED BY GAY, LESBIAN, BISEXUAL, AND TRANSGENDERED (GLBT) RESIDENTS OF JACKSONVILLE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP E-FACILITY 3 -- MAYO CLINIC FLORIDA PART V, SECTION B, LINE 6A	BAPTIST HEALTHBROOKS REHABILITATIONST VINCENT'S HEALTHUF HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP E-FACILITY 3 -- MAYO CLINIC FLORIDA PART V, SECTION B, LINE 6B	DEPARTMENT OF HEALTH (DUVAL COUNTY)

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 3 -- MAYO CLINIC FLORIDA PART V, SECTION B, LINE 11	<p>MCF, IN COLLABORATION WITH MAYO CLINIC JACKSONVILLE AND COLLECTIVELY REFERRED TO AS MAYO I N FLORIDA, TOOK THE FOLLOWING ACTIONS IN 2018 TO ADDRESS THE IDENTIFIED NEEDS OBESITY, NUT RITION, AND PHYSICAL ACTIVITY TO PROVIDE EXPERTISE AND SUPPORT TO INSPIRE AWARENESS FOR H EALTHY HABITS AMONG COMMUNITY RESIDENTS, MAYO IN FLORIDA - CONTINUED THE WELLNESS RX PROGR AM THAT WAS INITIATED IN 2017 WELLNESS RX IS A COMMUNITY LED WELLNESS PROGRAM AND IS MANA GED BY MAYO IN FLORIDA TO EMPOWER AND EDUCATE NEW TOWN, FLORIDA RESIDENTS WITH INFORMATION TO IMPROVE THEIR OVERALL HEALTH THROUGH CIVIC ENGAGEMENT, NEW TOWN SUCCESS ZONE HAS CREA TED A MODEL OF ENGAGEMENT WHICH ENCOURAGES SELF-RESPONSIBILITY, ACCOUNTABILITY AND COMMUNI TY DRIVEN ACTION AROUND HEALTH AND WELLNESS PRIORITIES DUE TO THE COMMUNITY HEALTH STATIS TICS AROUND STROKE, HEART DISEASE AND DIABETES, THE AMERICAN HEART ASSOCIATION (AHA) WAS A SKED TO SERVE AS THE CORE AGENCY TO SUPPORT THIS INITIATIVE AHA'S EXPERTISE IS AN ESSENTI AL COMPONENT OF THE PROGRAMMING PLAN TO ENSURE SUCCESS AROUND HEALTH DISPARITIES MENTAL HE ALTH TO INCREASE COMMUNITY CAPACITY TO ASSIST PATIENTS AND CITIZENS WITH MENTAL HEALTH CH ALLENGES IN PREVENTION AND TREATMENTS, MAYO IN FLORIDA - PARTICIPATED IN THE MENTAL HEALTH FIRST AID INITIATIVE, A COLLABORATION OF ALL NON-PROFIT HOSPITALS IN THE DUVAL COUNTY, JA CKSONVILLE AREA TO TRAIN LAY CITIZENS ON THE SIGNS AND SYMPTOMS OF MENTAL ILLNESS AND TO P ROVIDE THEM WITH REQUISITE KNOWLEDGE ON HOW TO RESPOND TO SOMEONE WHO MAY BE EXPERIENCING A MENTAL ILLNESS CRISIS - COLLABORATED WITH OTHER NON-PROFIT HOSPITALS TO FUND A POST-MSN DOCTOR OF NURSING PRACTICE PSYCH- MENTAL HEALTH NURSING PRACTICE PROGRAM WITH THE GOAL OF INCREASING THE NUMBER OF ADVANCED PRACTICE NURSES WITH SPECIFIC TRAINING IN MANAGING MENTA L ILLNESS HEALTH DISPARITIES AND ACCESS TO HEALTH CARE TO SUPPORT COMMUNITY EFFORTS DESIG NED TO DECREASE HEALTH DISPARITIES AND INCREASE HEALTH CARE RESOURCES FOR INDIVIDUALS AND FAMILIES WITH LIMITED OR NO FINANCIAL MEANS IN THE COMMUNITY, 18 MAYO PHYSICIANS AND THEIR RESPECTIVE RESIDENTS AND FELLOWS PROVIDED OVER 340 OFF-SITE APPOINTMENTS/MEDICAL PROCEDUR ES AND 120 ON-CAMPUS CONSULTATIONS AND SURGICAL PROCEDURES, AT NO EXPENSE TO PATIENTS WHO RECEIVE CARE AT THESE AGENCIES MAYO IN FLORIDA PROVIDED SUPPORT TO THE FOLLOWING NONPROFI T ORGANIZATIONS WITH MONETARY AND/OR IN-KIND DONATIONS - SULZBACHER CENTER MAYO IN FLORI DA CONTRIBUTED SUPPLEMENTAL CARE IN BEHAVIORAL HEALTH, CARDIOLOGY, FAMILY MEDICINE (TO INC LUDE ROUTINE PROCEDURES), GASTROENTEROLOGY AND GYNECOLOGY SERVICES - VOLUNTEERS IN MEDICIN E (VIM) MAYO IN FLORIDA CONTRIBUTED ACCESS TO CARE FOR VULNERABLE POPULATIONS THROUGH THE FOLLOWING DONATED SERVICES &gt; INOCULATION FOR HUMAN PAPILLOMAVIRUS (HPV) &gt; MAYO IN FLORID A PHYSICIANS SUPPLEMENTED VIM CLINIC STAFF THE SERVICES INCLUDE CARDIOLOGY, GASTROENTEROL OGY, INTERNAL MEDICINE, HEMATOLOGY AND PAIN MANAGEMENT - MISSION HOUSE MAYO IN FLORIDA SU PPLEMENTED THE CLINIC STAFF WI</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 3 -- MAYO CLINIC FLORIDA PART V, SECTION B, LINE 11	TH INTERNAL MEDICINE AND NEUROLOGY PROVIDERS - WE CARE MAYO IN FLORIDA PROVIDED GENERAL SURGERY, GYNECOLOGY, ONCOLOGY, AND UROLOGICAL SURGERIES THE 2016 CHNA ALSO IDENTIFIED THE FOLLOWING NEEDS THAT MCF IS NOT ADDRESSING OR ADDRESSING WITH ADDITIONAL RESOURCES FOR TH E REASONS STATED - DIABETES, COMMUNICABLE DISEASES, AND MATERNAL & CHILD HEALTH THE FLORI DA DEPARTMENT OF HEALTH HAS ROBUST PROGRAMS FOCUSING ON EACH OF THESE TOPICS - POVERTY TH E WOMEN'S GIVING ALLIANCE HAS IDENTIFIED POVERTY AS THEIR NUMBER ONE PRIORITY FOR PROGRAM FUNDING - TRANSPORTATION THE JACKSONVILLE TRANSPORTATION AUTHORITY IS THE LOCAL AGENCY TH AT MANAGES PUBLIC TRANSPORTATION AS SUCH, THEY ARE SPEARHEADING MULTIPLE EFFORTS TO INCRE ASE ACCESS ACROSS THE COMMUNITY AND TO IMPROVE THE QUALITY OF THAT TRANSPORTATION

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 1 -- MAYO CLINIC HOSPITAL ROCHESTER PART V, SECTION B, LINE 5	THE 2016 OLMSTED COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (OCCHNA) COALITION ENCOMPASSED THE CORE COLLABORATING ORGANIZATIONS OF OLMSTED COUNTY PUBLIC HEALTH DEPARTMENT, OLMSTED MEDICAL CENTER, UNITED WAY OF OLMSTED COUNTY, AND ROCHESTER AREA FOUNDATION IN ADDITION, MORE THAN 30 NON-PROFIT AND CITY/COUNTY GOVERNMENT GROUPS WERE INVOLVED IN QUARTERLY PLANNING THE COALITION CONDUCTED NUMEROUS MEETINGS AND FORUMS TO GATHER DIVERSE PERSPECTIVES THROUGHOUT OLMSTED COUNTY, INCLUDING OUTREACH TO CULTURAL/ETHNIC, INCOME, AGE, ABILITY/DISABILITY, GEOGRAPHIC AREA DEFINED COMMUNITY GROUPS THESE TOOK PLACE REGULARLY BETWEEN JANUARY, 2014 AND DECEMBER, 2016 COMMUNITY INPUTTHE 2016 OLMSTED COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT PLANNING TEAM GATHERED INPUT FROM THE FOLLOWING FEBRUARY 2014 TO APRIL 2014 OUTREACH TO ORGANIZATION AND PROGRAM LEADERS FROM HUMAN SERVICE/NON-PROFIT ORGANIZATIONS TO GATHER COMMENTS FROM 2013 CHNA PROCESS, JUNE 2015 TO SEPTEMBER 2015 RANDOMLY SELECTED OLMSTED COUNTY HOUSEHOLDS IN A MAILED PAPER SURVEY (N=643/2,000 SURVEYS SENT) DECEMBER 2014 THROUGH FEBRUARY 2016 LISTENING SESSIONS WITH LOCAL MINORITY AND OTHER UNDERREPRESENTED DIVERSE GROUPS A TOTAL OF NINE AFFINITY GROUPS WERE GATHERED, REFLECTING THE OPINIONS OF 113 INDIVIDUALS OCTOBER 2015 TO MAY 2016 CITY AND COUNTY GOVERNMENT AGENCY LEADERSAPRIL 2015 THROUGH JULY 2016 MORE THAN 240 COMMUNITY CITIZENS REPRESENTING BROAD (PRIVATE/BUSINESS, HUMAN SERVICE/NONPROFIT, GOVERNMENT AND PRIVATE COMMUNITY) PERSPECTIVES AS PARTICIPANTS IN MULTIPLE PUBLIC PRIORITIZATION SESSIONS

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP E-FACILITY 1 -- MAYO CLINIC HOSPITAL ROCHESTER PART V, SECTION B, LINE 6A	OLMSTED MEDICAL CENTER

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Form and Line Reference	Explanation
GROUP E-FACILITY 1 -- MAYO CLINIC HOSPITAL ROCHESTER PART V, SECTION B, LINE 6B	OLMSTED COUNTY PUBLIC HEALTH AND MORE THAN 30 LOCAL COMMUNITY ORGANIZATIONS WHO PARTICIPATED IN FOCUS GROUPS, PLANNING MEETINGS AND PARTICIPATING IN ASSESSMENT PRIORITIZATIONS BETWEEN JANUARY 2014 AND OCTOBER 2016



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 1 -- MAYO CLINIC HOSPITAL ROCHESTER PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, MAYO CLINIC HOSPITAL - ROCHESTER (MCHR) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT - INJURY PREVENTION- MENTAL HEALTH- OBESITY- IMMUNIZATION S- FINANCIAL STRESSMCHR INTEGRATES PROGRAMMING AND STAFFING WITH MAYO CLINIC'S COMPREHENSIVE OUTPATIENT PATIENT CARE SERVICES, RESEARCH AND EDUCATION OPERATIONS ON ITS ROCHESTER CAMPUS. LOCAL COMMUNITY HEALTH IMPROVEMENT IS ADDRESSED THROUGH ALL MAYO CLINIC OPERATIONS, INCLUDING HOSPITAL TREATMENT AND RECOVERY ROOMS, CLASSROOMS AND CLINICAL TRAINING AREAS (PUBLIC HEALTH AS WELL AS MEDICAL EDUCATION), RESEARCH LABS, OUTPATIENT CARE SETTINGS AND COMMUNITY SPACES. IN 2018, IN CONJUNCTION WITH MAYO CLINIC, MCHR (HEREINAFTER COLLECTIVELY REFERRED TO AS MAYO) ADDRESSED THE IDENTIFIED NEEDS AS FOLLOWS: INJURY PREVENTION - TO INCREASE MAYO'S AND THE LOCAL COMMUNITY'S CAPACITY TO EDUCATE HIGH RISK GROUPS ABOUT SAFE DRIVING PRACTICES (TEENS) AND FALLS PREVENTION (ELDERLY), MAYO - ACTIVELY ENGAGED IN THE OLMSHED COUNTY FALL PREVENTION COALITION TO PROVIDE AWARENESS, ADVOCACY, AND COLLABORATION AROUND FALL PREVENTION AT THE COMMUNITY LEVEL - PROVIDED STAFF TIME, EXPERTISE, AND MATERIALS TO THE STEPPING ON PROGRAM - AN EVIDENCE-BASED FALL PREVENTION PROGRAM OFFERED AT MANY COMMUNITY LOCATIONS TO HELP INCREASE CONFIDENCE AND EMPOWER OLDER ADULTS TO CARRY OUT HEALTH BEHAVIORS THAT REDUCE THE RISK OF FALLS - CONTINUED TO OFFER INTERACTIVE PRESENTATIONS AROUND TEEN DRIVER SAFETY WITH REGIONAL HIGH SCHOOL AND DRIVER EDUCATION CLASSES AND EXPANDED REACH BY LOANING THE DISTRACTED DRIVING SIMULATOR TO COMMUNITY GROUPS - COORDINATED MONTHLY CAR SEAT INSPECTION CLINICS AT A LOCAL FIRE STATION TO CHECK FOR CORRECT USE OF CHILD SAFETY RESTRAINTS AND TO EDUCATE CAREGIVERS ON THE SAFE TRANSPORTATION OF CHILDREN IN MOTOR VEHICLES - COORDINATED LOCAL CHILD PASSENGER SAFETY TECHNICIAN CERTIFICATION TRAININGS - ACTIVELY PARTICIPATED IN THE SE MN REGIONAL TRAUMA ADVISORY COUNCIL TO DEVELOP, IMPLEMENT, AND MONITOR THE REGIONAL TRAUMA SYSTEM WITH THE GOAL OF PREVENTING DEATH AND DISABILITY RESULTING FROM TRAUMATIC INJURIES AND MASS CASUALTY EVENTS - CONTINUED WORK WITH THE TOWARD ZERO DEATH STEERING COMMITTEE, FATAL REVIEW COMMITTEE, AND THE OLMSTED SAFE ROADS COALITION TO ADDRESS TRAFFIC SAFETY - PARTNERED WITH THE ROCHESTER POLICE DEPARTMENT TO REACH UNDERSERVED COMMUNITIES THROUGH THE REJUVENATED COPS AND KIDS COMMUNITY BIKE PROGRAM PROVIDING STAFF, EXPERTISE, AND \$2500 FOR HELMETS - ADMINISTERED AN ELECTRONIC SURVEY TO ALL TRAUMA CENTERS AND COUNTY HEALTH DEPARTMENTS IN MINNESOTA TO EXAMINE THE CURRENT STATE OF CHILDHOOD INJURY PREVENTION INTERVENTIONS IN THE STATE, IDENTIFY POTENTIAL PARTNERS TO COLLECTIVELY ADDRESS PEDIATRIC FALL-RELATED INJURY, AND TO UTILIZE SURVEY RESULTS TO LEAD FUTURE INJURY PREVENTION EFFORTS. THE FEEDBACK WILL BE SHARED WITH MINNESOTA STAKEHOLDERS IN AN EFFORT TO ENCOURAGE COLLECTIVE ACTION TOWARDS FALL PREVENTION INTERVENTION FOR MINNESOTA CHILDREN - OFFERED "STOP THE BLEED"</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 1 -- MAYO CLINIC HOSPITAL ROCHESTER PART V, SECTION B, LINE 11	" TRAININGS TO ENCOURAGE COMMUNITY BYSTANDERS TO BECOME TRAINED, EQUIPPED, AND EMPOWERED T O HELP IN A BLEEDING EMERGENCY BEFORE PROFESSIONAL HELP ARRIVES - MENTAL HEALTH - TO INCRE ASE MAYO CLINIC'S AND THE LOCAL COMMUNITY'S CAPACITY TO ASSIST PATIENTS AND CITIZENS WITH MENTAL HEALTH CHALLENGES IN PREVENTION AND TREATMENT, MAYO - COLLABORATED WITH OLMSTED MED ICAL CENTER, OLMSTED COUNTY HEALTH DEPARTMENT, AND THE COLLABORATION FOR COMMUNITY HEALTH INTEGRATION TO ADVOCATE AND SECURE SUPPORT FOR LONG-TERM CARE SERVICES FOR POST-ACUTE BEHA VIORAL PATIENTS -PARTICIPATED WITH THE OLMSTED COUNTY BRIDGE COLLABORATIVE, WHICH IS WORK ING TO FOSTER COMMUNICATION, COOPERATION AND LONG-TERM VISION BUILDING AMONG PARENTS AND A GENCIES SERVING THE NEEDS OF CHILDREN AND FAMILIES WITHIN OLMSTED COUNTY CURRENT STRATEGI ES INCLUDE > EXPANSION OF ACCESS TO SCHOOL BASED MENTAL HEALTH SERVICES,> BUILDING RESILI ENCE THROUGH PROVIDING EDUCATION AND AWARENESS,> BUILDING CAPACITY OF PROVIDERS THROUGH ED UCATION AND TRAINING OPPORTUNITIES (TRAUMA INFORMED SCHOOLS CONFERENCE, DC 0-5 TRAININGS, SCHOOL BASED MENTAL HEALTH CONFERENCE),> CREATING AND PARTNERING IN SERVICE INTEGRATION MO DELS (CRADLE TO CAREER, JEREMIAH PROGRAM, LAUNCHING EMERGING ADULTS PROGRAM) - PROVIDED MO NETARY SUPPORT FOR MENTAL HEALTH FIRST AID EDUCATIONAL EFFORTS THAT PREPARE CITIZENS WHO W ORK WITH THE PUBLIC (TEACHERS, LAW ENFORCEMENT, COMMUNITY AGENCIES, ETC ) TO IDENTIFY AND HELP RESPOND TO MENTAL HEALTH NEEDS - PROVIDED HEALTHY MINDS AND HEALTHY BODIES EDUCATION TO SPANISH-SPEAKING RESIDENTS,- PROVIDED FINANCIAL SUPPORT FOR THE MIND MATTERS EXHIBIT TO IMPROVE AWARENESS AND ACCESS FOR MENTAL HEALTH RESOURCES AND REDUCE STIGMA IN THE COMMUNI TY OBESITY - TO PROVIDE EXPERTISE AND SUPPORT TO INSPIRE AWARENESS FOR HEALTHY HABITS AMON G COMMUNITY RESIDENTS, MAYO - PROVIDED FINANCIAL SUPPORT TOWARDS COMMUNITY PROGRAMS RELATE D TO PHYSICAL ACTIVITY AND RECREATION OPPORTUNITIES,- STAFF PARTICIPATED IN THE OLMSTED CO UNTY OBESITY COMMUNITY HEALTH IMPROVEMENT WORK GROUP WHICH HELD COMMUNITY CONVERSATIONS AB OUT OBESITY TO ELEVATE SPECIFIC THEMES AND OPPORTUNITIES - CONTINUED TO DEVELOP A WELLNESS CHAMPION MODEL AT MAYO AND MAYO CLINIC HEALTH SYSTEM SITES WITH COMMUNITY-INSPIRED MESSAG ES AND RESOURCES - PROMOTED HEALTHY PHYSICAL ACTIVITY AND EATING MESSAGES THROUGH MAYO'S O NLINE HEALTH INFORMATION AND SOCIAL MEDIA PLATFORMS IMMUNIZATIONS -TO INCREASE THE RATE OF IMMUNIZATIONS AMONG COMMUNITY MEMBERS FOR EARLY CHILDHOOD SERIES, ANNUAL INFLUENZA AND HU MAN PAPILLOMAVIRUS, MAYO - ACTIVELY PARTICIPATED IN THE OLMSTED COUNTY COMMUNITY HEALTH IM PROVEMENT PLAN VACCINE PREVENTABLE DISEASES WORKGROUP - CONTINUED WORK WITH OLMSTED COUNTY PUBLIC HEALTH AND ROCHESTER PUBLIC SCHOOLS TO PROMOTE AND PROVIDE IMMUNIZATIONS TO CHILDR EN IN LOCAL PRIVATE AND PUBLIC SCHOOLS,- CONTINUED TO HELP MAINTAIN THE SOUTHEAST MINNESOT A IMMUNIZATION CONNECTION (SEMIC) DATABASE TO BETTER UNDERSTAND VACCINE NEEDS IN THE LOCAL POPULATION AND RESPOND TO UND

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP E-FACILITY 1 -- MAYO CLINIC HOSPITAL ROCHESTER PART V, SECTION B, LINE 11	RESERVED GROUPS/CITIZENS MAYO STAFF SERVE ON THE BOARD OF DIRECTORS OF SEMIC, WHICH IS ALSO CONDUCTING AFIX (ASSESSMENT, FEEDBACK, INCENTIVES, AND EXCHANGE) VISITS WITH PRACTICE SITES THAT ADMINISTER VACCINES THIS IS A CDC DEVELOPED PROGRAM PROMULGATED BY THE MINNESOTA DEPARTMENT OF HEALTH TO HELP PRACTICES UTILIZE THE MINNESOTA IMMUNIZATION INFORMATION CONNECTION TO IMPROVE ITS VACCINATION PROCESSES FINANCIAL STRESS - TO SUPPORT COMMUNITY EFFORTS THAT PROVIDE HUMAN SERVICES/SUPPORT FOR COMMUNITY MEMBERS WITH FINANCIAL HARDSHIP, MAYO - PROVIDED OVER \$900,000 OF FUNDING FOR COMMUNITY EFFORTS TO IMPROVE SERVICES AND SUPPORT FINANCIALLY STRESSED COMMUNITY MEMBERS, INCLUDING EDUCATION, LITERACY, JOB TRAINING, AND BASIC NEEDS (HOUSING, FOOD, HEALTH CARE) - PARTICIPATED IN THE ROCHESTER AREA HOUSING ALLIANCE AND THE ROCHESTER AREA HOUSING COALITION, PROVIDING \$2 MILLION TO THE COALITION IN 2018 (THE SECOND PAYMENT OF A \$4 MILLION PLEDGE FOR HOUSING MADE IN 2017)

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 5 MCHS MANKATO, - FACILITY 7 MCHS ALBERT LEA AND AUSTIN, - FACILITY 8 MCHS FAIRMONT, - FACILITY 10 MCHS NEW PRAGUE, - FACILITY 11 MCHS WASECA, - FACILITY 14 MCHS RED CEDAR, - FACILITY 16 MCHS ST JAMES, - FACILITY 17 MCHS SPRINGFIELD

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP A PART V, SECTION B, LINE 3J	REQUIRED RESPONSE FOR LINE 3E THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA REPORT ARE PRIORITIZED BASED ON THE PRIORITIZATION PROCESS DEFINED IN THE CHNA REPORT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP A PART V, SECTION B, LINE 13H	THE REGIONAL PROXIMITY OF A PATIENT'S RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO MEDICAL NEED AND UNIQUENESS OF CARE REGIONAL PROXIMITY IS NOT A FACTOR FOR EMERGENCY CARE PROVIDED

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP A PART V, SECTION B, LINE 15E	REFER PATIENTS TO APPLY FOR MEDICAL ASSISTANCE



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP A PART V, SECTION B, LINE 16J	UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE AND EXPRESSES AN INABILITY TO PAY, ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED WITH THE PATIENT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING GROUP A PART V, SECTION B, LINE 20E	FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS, STATEMENTS, AND LETTERS. IN ADDITION, BROCHURES ARE AVAILABLE IN THE ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO CLINIC WEBSITE UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE. MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE POLICY. SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON DISCHARGE TO HELP THEM SECURE GOVERNMENTAL ASSISTANCE OR FINANCIAL ASSISTANCE. EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND COMMUNICATED TO THE PATIENT. COMPLETED CHARITY CARE FORMS ARE MAINTAINED EITHER IN PAPER OR ELECTRONIC FORMAT. THE PATIENT IS INFORMED REGARDING THE OUTCOME OF THE REVIEW. MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS BEEN DISMISSED. IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED. IN THESE CASES, WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC.ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP B

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 4 MCHS EAU CLAIRE, - FACILITY 12 MCHS NORTHLAND, - FACILITY 13 MCHS CHIPPEWA VALLEY, - FACILITY 18 MCHS OAKRIDGE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP B PART V, SECTION B, LINE 3J	REQUIRED RESPONSE FOR LINE 3E THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA REPORT ARE PRIORITIZED BASED ON THE PRIORITIZATION PROCESS DEFINED IN THE CHNA REPORT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP B PART V, SECTION B, LINE 13H	THE REGIONAL PROXIMITY OF A PATIENT'S RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO MEDICAL NEED REGIONAL PROXIMITY IS NOT A FACTOR FOR EMERGENCY CARE PROVIDED

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP B PART V, SECTION B, LINE 15E	REFER PATIENTS TO APPLY FOR MEDICAL ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP B PART V, SECTION B, LINE 16J	UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE AND EXPRESSES AN INABILITY TO PAY, ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED WITH THE PATIENT



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING GROUP B PART V, SECTION B, LINE 20E	FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS, STATEMENTS, AND LETTERS. IN ADDITION, BROCHURES ARE AVAILABLE IN THE ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO CLINIC WEBSITE UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE. MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE POLICY. SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON DISCHARGE TO HELP THEM SECURE GOVERNMENTAL ASSISTANCE OR FINANCIAL ASSISTANCE. EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND COMMUNICATED TO THE PATIENT. COMPLETED CHARITY CARE FORMS ARE MAINTAINED EITHER IN PAPER OR ELECTRONIC FORMAT. THE PATIENT IS INFORMED REGARDING THE OUTCOME OF THE REVIEW. MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS BEEN DISMISSED. IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED. IN THESE CASES, WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC.ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP C

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP C CONSISTS OF	- FACILITY 9 MCHS RED WING, - FACILITY 19 MCHS LAKE CITY, - FACILITY 20 MCHS CANNON FALLS

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP C PART V, SECTION B, LINE 3J	REQUIRED RESPONSE FOR LINE 3E THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA REPORT ARE PRIORITIZED BASED ON THE PRIORITIZATION PROCESS DEFINED IN THE CHNA REPORT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING GROUP C PART V, SECTION B, LINE 5	INPUT WAS PROVIDED BY GOODHUE COUNTY HEALTH AND HUMAN SERVICES HEALTHY COMMUNITIES SUPERVISOR - THROUGH THE COUNTY WIDE MAILED SURVEY DISTRIBUTED IN THE FALL OF 2015 DATA WAS ALSO GATHERED FROM SEPTEMBER 2015 TO APRIL 2016 THROUGH KEY INFORMANT INTERVIEWS, A HISPANIC OUTREACH SURVEY, AN UNITED WAY SURVEY WITH PARTNER CLIENTS, CARE CLINIC SURVEYS THAT WERE CONDUCTED WITH LOW INCOME, AFRICAN AMERICAN AND HISPANIC RESIDENTS, AND FOCUS GROUP DISCUSSION IN SENIOR HOUSING

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP C PART V, SECTION B, LINE 6A	MAYO CLINIC HEALTH SYSTEM- CANNON FALLS, MAYO CLINIC HEALTH SYSTEM- LAKE CITY AND MAYO CLINIC HEALTH SYSTEM- RED WING COLLABORATED ON THE CHNA FOCUSING ON GOODHUE COUNTY WHERE ALL THREE HOSPITALS ARE LOCATED

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING GROUP C PART V, SECTION B, LINE 11	<p>BASED ON THE CHNA CONDUCTED IN 2016, THE FOLLOWING SIGNIFICANT NEEDS WERE IDENTIFIED BY MA YO CLINIC HEALTH SYSTEM - LAKE CITY (MCHS LAKE CITY) AND MAYO CLINIC HEALTH SYSTEM - SEMN IN CANNON FALLS AND RED WING (MCHS CANNON FALLS AND MCHS RED WING, RESPECTIVELY), COLLECTI VELY REFERRED TO AS MCHS - OBESITY - MENTAL HEALTH - HEALTH BEHAVIORS IN 2018, MCHS TOOK T HE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS OBESITY AND HEALTH BEHAVIORS TO INCR EASE PHYSICAL ACTIVITY, PROPER NUTRITION, AND AWARENESS OF PERSONAL RESPONSIBILITY IN LIFE STYLE AND HEALTH DECISIONS - MCHS CANNON FALLS &gt; HOSTED A BOOTH OFFERING HEALTH INFORMATIO N TO THE PUBLIC AT FIRST THURSDAYS, A MONTHLY STREET FAIR HELD IN CANNON FALLS DURING SUMM ER MONTHS IN ADDITION, MCHS CANNON FALLS PARTNERED WITH GOODHUE COUNTY HEALTH AND HUMAN S ERVICES TO PROVIDE BIKE SAFETY INFORMATION AT THE SAME EVENT &gt; PARTNERED WITH THE CANNON F ALLS BOOSTER CLUB TO HOLD AN OBSTACLE COURSE AND OFFERED INFORMATION ON HEALTH AND WELLNES S AT AN EVENT HELD PRIOR TO A HIGH SCHOOL FOOTBALL GAME &gt; OFFERED YOGA FOR SENIORS AT THE SENIOR CENTER &gt; PROVIDED HAND WASHING STATIONS AT THE CANNON VALLEY FAIR - MCHS LAKE CIT Y &gt; PARTNERED WITH THE LAKE CITY ROTARY TO SPONSOR AND PROMOTE A CIRCLE OF LIFE RELAY 5K, WALK AND FAMILY RUN EVENT &gt; SPONSORED AND PROMOTED FOOD FOR FIVE, AND ANNUAL COMMUNITY I NITIATIVE TO RAISE MONEY FOR THE LAKE CITY FOOD SHELF &gt; PARTNERED WITH THE CHAMBER OF COMM ERCE TO SPONSOR AND PROMOTE THE TOUR DE PEPIN BIKE EVENT&gt; PROVIDED NUTRITIONAL EDUCATION P ROGRAMS WITH THE CITY LIBRARY- MCHS RED WING &gt; PROVIDED NUTRITIONAL EDUCATION ALONG WITH A COOKING DEMONSTRATION FOR AT-RISK YOUTH &gt; PARTNERED WITH THE RED WING CHAMBER OF COMMER CE TO PROVIDE THE 12 HEALTHY HABITS OF WELL-BEING AT A CHAMBER EXPO &gt; PARTNERED WITH THE RED WING FAMILY YMCA TO SPONSOR THE RIVER CITY RAMBLE 5K, WALK AND FAMILY FUN RUN, WHICH R AISES FUNDS TO SUPPORT SCHOLARSHIPS FOR CHILDREN TO PARTICIPATE IN HEALTHY ACTIVITIES THRO UGHOUT THE YEAR &gt; SPONSORED AND ORGANIZED AN 8-WEEK TRAINING FOR THE RIVER CITY RAMBLE 5K &gt; PARTNERED WITH UNITED WAY AND ST JOSEPH CHURCH IN FARE FOR ALL - A NONPROFIT FOOD PROGR AM PROMOTING AND PROVIDING ACCESS TO LEAN MEAT, FRESH FRUITS AND VEGETABLES THE PROGRAM I S UNDER THE LEADERSHIP OF UNITED WAY, BUT LOCATED AT MCHS RED WING IN ADDITION TO THE ACT IONS TAKEN BY EACH HOSPITAL TO ADDRESS OBESITY AS DESCRIBED ABOVE, COLLECTIVELY, THE THREE HOSPITALS - HELD A GOOD FOR ME AND FOR YOU BOOK READS &gt; 51 BOOKS WERE PURCHASED FOR AREA DAY CARE CENTERS, &gt; MCHS EMPLOYEES READ THE BOOKS TO THE CHILDREN AND EACH CHILD RECEIVED A 5-2-1-0 CARD (A PUBLIC EDUCATION CAMPAIGN ENDORSING 5 FRUITS AND VEGETABLE, 2 HOURS OF SCREEN TIME, 1 HOUR OF PHYSICAL ACTIVITY, AND 0 SUGARY DRINKS), &gt; EDUCATIONAL INFORMATION ON EATING WELL AND BEING ACTIVE WAS ALSO GIVEN TO EACH DAY CARE CENTER - SUPPORTED THE LIV E WELL GOODHUE COUNTY PROGRAM AS FOLLOWS &gt; PROVIDED STAFF TIME AND MEETING SPACE, &gt; SPONS ORED THE I CAN PREVENT DIABETE</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING GROUP C PART V, SECTION B, LINE 11	<p>S CLASSES THAT WERE HELD AT MCHS RED WING, BUT PUBLICIZED IN THE SURROUNDING COMMUNITIES, INCLUDING CANNON FALLS AND LAKE CITY, - PROVIDED INTEGRATED HEALTH MEDICINE, ROAD TO BETTER HEALTH, AND 12 HEALTHY HABITS TO WELL-BEING AT THE PRAIRIE ISLAND INDIAN COMMUNITY HEALTH FAIR - MCHS EMPLOYEES FROM THE LACTATION COALITION PROVIDED A ROCK AND REST BOOTH FOR GOO DHUE COUNTY FAIR PARTICIPANTS MENTAL WELLNESS TO IINCREASE THE STATE OF WELL-BEING IN WH ICH INDIVIDUALS CAN COPE WITH NORMAL STRESSES OF LIFE AND WORK, COLLECTIVELY THE THREE HOS PITALS - SUPPORTED MAKE IT OK - A COUNTY-WIDE ANTI STIGMA EDUCATION PROGRAM OFFERED IN ARE A CHURCHES AND LOCAL SCHOOLS &gt; AN MCHS STAFF MEMBER SERVED ON THE ADVISORY BOARD AND VOLU NTEERED AS A TRAINER, &gt; A COMMUNITY MEETING THAT FOCUSED ON 8TH AND 9TH GRADERS WAS HELD I N CANNON FALLS, &gt; THE HILARIOUS WORLD OF DEPRESSION PROGRAM WAS HELD IN RED WING AND BEHAV IORAL HEALTH STAFF SERVED ON THE Q&amp;A PANEL FOLLOWING THE PROGRAM - CONDUCTED A GRATITUDE CAMPAIGN IN WHICH INFORMATION PROMOTING JOURNALING AND FOCUSING ON GRATITUDE TO BUILD RESI LIENCE WAS SHARED AT THREE HEALTH FAIRS - SUPPORTED A WOMEN'S HEALTH SYMPOSIUM MENTAL WELL NESS WORKSHOP AT A LOCAL GOLF COURSE WITH WELL-BEING CHAMPIONS SERVING AS VOLUNTEERS AND A SSISTING WITH THE EVENT IN ADDITION, THE COST OF THE SPACE AND FOOD WAS PAID FOR BY MCHS - PROVIDED STAFF AND FUNDING FOR A FACILITATOR FOR A COMMUNITY COLLABORATIVE DEVELOPING ME NTAL HEALTH INITIATIVES IN GOODHUE COUNTY - PARTICIPATED AND SUPPORTED A COUNTY WIDE MEN TAL HEALTH COALITION TO AVOID DUPLICATION OF SERVICES AND PROMOTE MENTAL WELLNESS THROUGH C OUNTY WIDE INITIATIVES IN THE SCHOOLS AND COMMUNITIES THE 2016 CHNA ALSO IDENTIFIED ACCESS TO CARE AS A NEED IN THE COMMUNITY, BUT MCHS WILL NOT BE ADDRESSING THIS NEED WITH ADDITI ONAL RESOURCES DATA SHOWS THE PERCENTAGE OF UNINSURED IN GOODHUE COUNTY IS HISTORICALLY L OW MCHS WILL CONTINUE TO SUPPORT UNINSURED COMMUNITY MEMBERS IN PARTNERSHIP WITH THE CARE CLINIC, A FREE CLINIC FOR GOODHUE COUNTY THE CARE CLINIC CONTINUES TO WORK WITH THOSE WH O ARE LIVING IN POVERTY AND ARE NOT INSURED BY PROVIDING MEDICAL, DENTAL AND MENTAL HEALTH SERVICES AT NO CHARGE MCHS WILL SUPPORT THE CARE CLINIC WITH BOARD LEADERSHIP AND LIABIL ITY COVERAGE FOR EMPLOYEES FROM ALL SITES WHO VOLUNTEER THE CARE CLINIC THAT PROVIDES SER VICES FOR AT-RISK POPULATIONS IS CURRENTLY LOCATED, AT NO CHARGE, IN A MCHS FACILITY</p>



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP C PART V, SECTION B, LINE 13H	THE REGIONAL PROXIMITY OF A PATIENT'S RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO MEDICAL NEED REGIONAL PROXIMITY IS NOT A FACTOR FOR EMERGENCY CARE PROVIDED

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP C PART V, SECTION B, LINE 15E	REFER PATIENTS TO APPLY FOR MEDICAL ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP C PART V, SECTION B, LINE 16J	UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED WITH THE PATIENT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING GROUP C PART V, SECTION B, LINE 20E	FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS, STATEMENTS, AND LETTERS. IN ADDITION, BROCHURES ARE AVAILABLE IN THE ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO CLINIC WEBSITE UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE. MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE POLICY. SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON DISCHARGE TO HELP THEM SECURE GOVERNMENTAL ASSISTANCE OR FINANCIAL ASSISTANCE. EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND COMMUNICATED TO THE PATIENT. COMPLETED CHARITY CARE FORMS ARE MAINTAINED EITHER IN PAPER OR ELECTRONIC FORMAT. THE PATIENT IS INFORMED REGARDING THE OUTCOME OF THE REVIEW. MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS BEEN DISMISSED. IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED. IN THESE CASES, WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC.ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP D

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP D CONSISTS OF	- FACILITY 2 MCHS FRANCISCAN HEALTHCARE LA CROSSE, - FACILITY 15 MCHS FRANCISCAN HEALTHCARE SPARTA

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP D PART V, SECTION B, LINE 3J	REQUIRED RESPONSE FOR LINE 3E THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA REPORT ARE PRIORITIZED BASED ON THE PRIORITIZATION PROCESS DEFINED IN THE CHNA REPORT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP D PART V, SECTION B, LINE 13H	THE REGIONAL PROXIMITY OF A PATIENT'S RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO MEDICAL NEED REGIONAL PROXIMITY IS NOT A FACTOR FOR EMERGENCY CARE PROVIDED



<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP D PART V, SECTION B, LINE 15E	REFER PATIENTS TO APPLY FOR MEDICAL ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP D PART V, SECTION B, LINE 16J	UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED WITH THE PATIENT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING GROUP D PART V, SECTION B, LINE 20E	FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS, STATEMENTS, AND LETTERS. IN ADDITION, BROCHURES ARE AVAILABLE IN THE ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO CLINIC WEBSITE UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE. MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE POLICY. SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON DISCHARGE TO HELP THEM SECURE GOVERNMENTAL ASSISTANCE OR FINANCIAL ASSISTANCE. EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND COMMUNICATED TO THE PATIENT. COMPLETED CHARITY CARE FORMS ARE MAINTAINED EITHER IN PAPER OR ELECTRONIC FORMAT. THE PATIENT IS INFORMED REGARDING THE OUTCOME OF THE REVIEW. MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS BEEN DISMISSED. IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED. IN THESE CASES, WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC.ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP E

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP E CONSISTS OF	- FACILITY 1 MAYO CLINIC HOSPITAL ROCHESTER, - FACILITY 3 MAYO CLINIC HOSPITAL IN FLORIDA, - FACILITY 6 MAYO CLINIC HOSPITAL (ARIZONA)

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING GROUP E PART V, SECTION B, LINE 3J	REQUIRED RESPONSE FOR LINE 3E THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA REPORT ARE PRIORITIZED BASED ON THE PRIORITIZATION PROCESS DEFINED IN THE CHNA REPORT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
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Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
REPORTING GROUP E PART V, SECTION B, LINE 15E	REFER PATIENTS TO APPLY FOR MEDICAL ASSISTANCE



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING GROUP E PART V, SECTION B, LINE 16J	UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE AND EXPRESSES AN INABILITY TO PAY, ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED WITH THE PATIENT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REPORTING GROUP E PART V, SECTION B, LINE 20E	FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS, STATEMENTS, AND LETTERS IN ADDITION, BROCHURES ARE AVAILABLE IN THE ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO CLINIC WEBSITE UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE POLICY SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON DISCHARGE TO HELP THEM SECURE GOVERNMENTAL ASSISTANCE OR FINANCIAL ASSISTANCE EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND COMMUNICATED TO THE PATIENT COMPLETED CHARITY CARE FORMS ARE MAINTAINED EITHER IN PAPER OR ELECTRONIC FORMAT THE PATIENT IS INFORMED REGARDING THE OUTCOME OF THE REVIEW MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS BEEN DISMISSED IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED IN THESE CASES, WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC.ORG

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> 1 - MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	CLINIC & RESEARCH FACILITY
<b>1</b> 2 - MAYO CLINIC BUILDING - SCOTTSDALE 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85259	CLINIC, RESEARCH FACILITY, MEDICAL SCHOOL
<b>2</b> 3 - MCHS MANKATO IN MADISON EAST CENTER 1400 MADISON AVENUE MANKATO, MN 56001	CLINIC, THERAPY, DME, HOSPICE
<b>3</b> 4 - MAYO CLINIC SPECIALTY BUILDING 5779 EAST MAYO BOULEVARD PHOENIX, AZ 85054	CLINIC
<b>4</b> 5 - MAYO CLINIC DIALYSIS NORTHEAST 3041 STONEHEDGE DRIVE NORTHEAST ROCHESTER, MN 55906	HOSPITAL BASED DIALYSIS FACILITY
<b>5</b> 6 - MCHS FRANCISCAN HEALTHCARE ONALASKA 191 THEATER ROAD ONALASKA, WI 54650	CLINIC, BEHAVIORAL HEALTH, PHARMACY
<b>6</b> 7 - MAYO CLINIC ALBERT LEA HEALTH REACH 1705 BROADWAY SOUTHEAST ALBERT LEA, MN 56007	HOSPITAL BASED DIALYSIS FACILITY, PHYSICAL THERAPY
<b>7</b> 8 - MAYO CLINIC DIALYSIS EAU CLAIRE 3845 LONDON ROAD EAU CLAIRE, WI 54701	DIALYSIS
<b>8</b> 9 - MAYO CLINIC DIALYSIS CENTER 4658 WORRALL WAY JACKSONVILLE, FL 32216	OUTPATIENT DIALYSIS
<b>9</b> 10 - MCHS FRANCISCAN HEALTHCARE TOMAH 325 BUTTS AVENUE TOMAH, WI 546600610	CLINIC, BEHAVIORAL HEALTH
<b>10</b> 11 - MAYO CLINIC DIALYSIS ONALASKA 191 THEATER ROAD ONALASKA, WI 54650	HOSPITAL BASED DIALYSIS FACILITY
<b>11</b> 12 - GATE PARKWAY PRIMARY CARE CENTER 7826 OZARK DRIVE JACKSONVILLE, FL 32256	CLINIC
<b>12</b> 13 - MAYO CLINIC DIALYSIS DECORAH 901 MONTGOMERY STREET DECORAH, IA 52101	HOSPITAL BASED DIALYSIS FACILITY
<b>13</b> 14 - MAYO CLINIC DIALYSIS MENOMONIE 407 21ST STREET SOUTHEAST MENOMONIE, WI 54751	DIALYSIS
<b>14</b> 15 - MCHS NEW PRAGUE 212 COUNTY ROAD 37 NEW PRAGUE, MN 56071	CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> 16 - MCHS FRANCISCAN HEALTHCARE HOLMEN 1303 MAIN STREET SOUTH HOLMEN, WI 546369337	CLINIC, BEHAVIORAL HEALTH
<b>1</b> 17 - BASSO BUILDING 4634 WORRELL WAY JACKSONVILLE, FL 32256	SLEEP DISORDER CENTER
<b>2</b> 18 - MCHS NORTHLAND IN RICE LAKE 331 SOUTH MAIN STREET SUITE H RICE LAKE, WI 548682239	CLINIC
<b>3</b> 19 - MCHS FRANCISCAN HEALTHCARE WAUKON 105 EAST MAIN STREET WAUKON, IA 52172	CLINIC
<b>4</b> 20 - FOUNTAIN CENTERS IN ALBERT LEA 408 WEST FOUNTAIN STREET ALBERT LEA, MN 56007	CHEMICAL DEPENDENCY
<b>5</b> 21 - BEACHES PRIMARY CARE CENTER 742 MARSH LANDING PARKWAY JACKSONVILLE BEACH, FL 32250	CLINIC
<b>6</b> 22 - MCHS MANKATO IN Eastridge 101 MARTIN LUTHER KING JR DRIVE MANKATO, MN 56001	CLINIC
<b>7</b> 23 - MCHS NEW PRAGUE IN MONTGOMERY 501 4TH STREET NORTHWEST MONTGOMERY, MN 56069	CLINIC
<b>8</b> 24 - MCHS NEW PRAGUE IN BELLE PLAINE 700 WEST PRAIRIE STREET BELLE PLAINE, MN 56011	CLINIC
<b>9</b> 25 - MCHS FRANCISCAN HC PRAIRIE DU CHIEN 800 EAST BLACKHAWK AVENUE PRAIRIE DU CHIEN, WI 53821	CLINIC, BEHAVIORAL HEALTH
<b>10</b> 26 - MCHS CHIPPEWA VALLEY-CHIPPEWA FALLS 611 1ST AVENUE CHIPPEWA FALLS, WI 54729	CLINIC
<b>11</b> 27 - MAYO CLINIC DIALYSIS OWATONNA 2200 26TH STREET NORTHWEST OWATONNA, MN 55060	HOSPITAL BASED DIALYSIS FACILITY
<b>12</b> 28 - MC FAMILY MEDICINE THUNDERBIRD 13737 NORTH 92ND STREET SCOTTSDALE, AZ 85260	CLINIC
<b>13</b> 29 - FRANCISCAN FAMILY HEALTH CLINIC 815 SOUTH 10TH STREET LA CROSSE, WI 54601	FAMILY HEALTH CLINIC
<b>14</b> 30 - MAYO CLINIC DIALYSIS BARRON 1222 E WOODLAND AVENUE BARRON, WI 54812	DIALYSIS

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
31 31 - MCHS MANKATO IN NORTHRIDGE 1695 LOR RAY DRIVE NORTH MANKATO, MN 56003	CLINIC
1 32 - ST AUGUSTINE PRIMARY CARE 110 SOUTHWOOD LAKE DRIVE ST AUGUSTINE, FL 32086	CLINIC
2 33 - MCHS MANKATO IN ST PETER 1900 NORTH SUNRISE DRIVE ST PETER, MN 56082	CLINIC
3 34 - MAYO CLINIC FAMILY MED ARROWHEAD 20199 NORTH 75TH AVENUE GLENDALE, AZ 85308	CLINIC
4 35 - MCHS FRANCISCAN HEALTHCARE ARCADIA 895 SOUTH DETTLOFF DRIVE ARCADIA, WI 546121499	CLINIC, BEHAVIORAL HEALTH
5 36 - MAYO CLINIC PRIMARY CARE PHOENIX 5701 EAST MAYO BOULEVARD PHOENIX, AZ 85054	CLINIC
6 37 - MCHS FRANCISCAN HEALTHCARE CALEDONIA 701 NORTH PRAGUE STREET CALEDONIA, MN 559211066	CLINIC, BEHAVIORAL HEALTH
7 38 - MCHS FRANCISCAN HC LA CRESCENT 524 NORTH ELM STREET LA CRESCENT, MN 559471027	CLINIC
8 39 - MCHS RED WING IN ZUMBROTA 1350 JEFFERSON DRIVE ZUMBROTA, MN 55992	CLINIC
9 40 - MCHS MANKATO IN LE SUEUR 625 SOUTH 4TH STREET LE SUEUR, MN 56058	CLINIC
10 41 - MCHS OAKRIDGE IN MONDOVI 700 BUFFALO STREET MONDOVI, WI 54755	CLINIC
11 42 - MAYO CLINIC PRIMARY CARE SAN TAN 1850 EAST NORTHROP BLVD SUITE 160 CHANDLER, AZ 85286	CLINIC
12 43 - MCHS NORTHLAND IN CHETEK 220 DOUGLAS STREET CHETEK, WI 547280027	CLINIC
13 44 - FRANCISCAN OCCUPATIONAL HLTH CLINIC 630 10TH STREET LA CROSSE, WI 54601	OCCUPATIONAL HEALTH CLINIC
14 45 - MCHS NEW PRAGUE FITNESS CENTER 504 6TH AVENUE NORTHWEST NEW PRAGUE, MN 56071	PHYSICAL THERAPY & REHABILITATION

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
46 46 - MCHS RED CEDAR IN GLENWOOD CITY 219 EAST OAK STREET GLENWOOD CITY, WI 54013	CLINIC
1 47 - MCHS AUSTIN HOSPICE 101 14TH STREET NORTHWEST AUSTIN, MN 55912	HOSPICE OFFICES
2 48 - MCHS RED WING IN ELLSWORTH 530 WEST CAIRNS STREET ELLSWORTH, WI 54011	CLINIC
3 49 - MCHS MANKATO IN LAKE CRYSTAL 200 EAST PRINCE STREET LAKE CRYSTAL, MN 56055	CLINIC
4 50 - FOUNTAIN CENTERS IN AUSTIN 101 14TH STREET NORTHWEST AUSTIN, MN 55912	CHEMICAL DEPENDENCY
5 51 - MCHS AUSTIN IN ADAMS 908 WEST MAIN STREET ADAMS, MN 55909	CLINIC
6 52 - FOUNTAIN CENTERS IN ROCHESTER CEDARWOOD MALL 4122 18TH AVENUE NW ROCHESTER, MN 55901	CHEMICAL DEPENDENCY
7 53 - MCHS LAKE CITY IN PLAINVIEW 275 1ST STREET SOUTHWEST PLAINVIEW, MN 55964	CLINIC
8 54 - FOUNTAIN CENTERS IN FAIRMONT 828 NORTH AVENUE FAIRMONT, MN 56031	CHEMICAL DEPENDENCY
9 55 - PROFESSIONAL ARTS BUILDING 615 SOUTH 10TH STREET LA CROSSE, WI 54601	ALLERGY, ORAL SURGERY
10 56 - MCHS ALBERT LEA IN WELLS 301 SOUTH BROADWAY WELLS, MN 56097	CLINIC
11 57 - FOUNTAIN CENTERS IN FARIBAULT 2301 4TH STREET NORTHWEST FARIBAULT, MN 55021	CHEMICAL DEPENDENCY
12 58 - MCHS ALBERT LEA IN LAKE MILLS 309 SOUTH 10TH AVENUE EAST LAKE MILLS, IA 50450	CLINIC
13 59 - MCHS RED WING HOSPICE 1407 WEST 4TH STREET RED WING, MN 55066	HOSPICE
14 60 - FOUNTAIN CENTERS IN MANKATO 1400 MADISON AVENUE SUITE 326 MANKATO, MN 56001	CHEMICAL DEPENDENCY

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
61 61 - MCHS RED CEDAR IN ELMWOOD 236 EAST SPRINGER AVENUE ELMWOOD, WI 54740	CLINIC
1 62 - MCHS NEW PRAGUE EXPRESS CARE 200 ALTON AVENUE SOUTHEAST NEW PRAGUE, MN 56071	EXPRESS CARE
2 63 - MCHS BELLE PLAINE EXPRESS CARE 1010 EAST ENTERPRISE DRIVE BELLE PLAINE, MN 56011	EXPRESS CARE
3 64 - MCHS WASECA IN JANESVILLE 312 NORTH MAIN STREET JANESVILLE, MN 56048	CLINIC
4 65 - MCHS-EYE CARE CENTER 2409 STOUT ROAD MENOMONIE, WI 54751	OPTOMETRY
5 66 - FOUNTAIN CENTERS IN OWATONNA 134 SOUTHVIEW STREET OWATONNA, MN 55060	CHEMICAL DEPENDENCY
6 67 - MCHS EXPRESS CARE IN ALBERT LEA 2708 BRIDGE AVENUE ALBERT LEA, MN 56007	EXPRESS CARE CLINIC
7 68 - MCHS WASECA IN WATERVILLE 212 EAST LAKE STREET WATERVILLE, MN 56096	CLINIC & OUTPATIENT PHYSICAL THERAPY
8 69 - MCHS ALBERT LEA IN NEW RICHLAND 318 FIRST STREET SOUTHWEST NEW RICHLAND, MN 56072	CLINIC
9 70 - THE CLINIC AT WALMART 1250 GOEMANN ROAD FAIRMONT, MN 56013	CLINIC
10 71 - MCHS NEW PRAGUE PHYSICAL MEDICINE 314 EAST MAIN STREET NEW PRAGUE, MN 56071	PEDIATRIC PHYSICAL MEDICINE
11 72 - MCHS ALBERT LEA IN ALDEN 192 WASHINGTON AVENUE ALDEN, MN 56009	CLINIC
12 73 - MCHS FAIRMONT IN SHERBURN 32 NORTH MAIN STREET SHERBURN, MN 56171	CLINIC
13 74 - MCHS ALBERT LEA IN KIESTER 120 NORTH MAIN STREET KIESTER, MN 56051	CLINIC
14 75 - GERARD HALL 940 DIVISION STREET LA CROSSE, WI 54601	MATERNITY HOME

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>76</b> 76 - MCHS MANKATO EXPRESS CARE 2010 ADAMS STREET MANKATO, MN 56001	GENERAL EXPRESS CARE
<b>1</b> 77 - MCHS FRANCISCAN HEALTHCARE BELLE SQUARE 232 3RD STREET NORTH SUITE 100 LA CROSSE, WI 54601	CLINIC
<b>2</b> 78 - MCHS BLUE EARTH CLINIC 411 SOUTH GROVE STREET SUITE 3 BLUE EARTH, MN 56013	PSYCHOLOGY SERVICES CLINIC
<b>3</b> 79 - MCHS FAIRMONT IN ARMSTRONG 412 6TH STREET ARMSTRONG, IA 50514	CLINIC
<b>4</b> 80 - MCHS FAIRMONT IN TRUMAN 401 NORTH 4TH AVENUE EAST TRUMAN, MN 56088	CLINIC
<b>5</b> 81 - MCHS AUSTIN IN BLOOMING PRAIRIE 405 EAST MAIN BLOOMING PRAIRIE, MN 55917	CLINIC
<b>6</b> 82 - MCHS FRANCISCAN WOMEN RECOVERY HOUSE 535 SOUTH 17TH STREET LA CROSSE, WI 54601	BEHAVIORAL HEALTH
<b>7</b> 83 - BEHAVIORAL HEALTH SERVICE LA CROSSE 212 11TH STREET SOUTH LA CROSSE, WI 54601	BEHAVIORAL HEALTH
<b>8</b> 84 - MCHS SPRINGFIELD IN LAMBERTON 310 SOUTH MAIN LAMBERTON, MN 56152	CLINIC
<b>9</b> 85 - MCHS FRANCISCAN MEN RECOVERY HOUSE 1005 JACKSON STREET LA CROSSE, WI 54601	BEHAVIORAL HEALTH
<b>10</b> 86 - MCHS ST JAMES IN TRIMONT 437 MAIN STREET EAST TRIMONT, MN 56176	CLINIC
<b>11</b> 87 - MAYO CLINIC BUILDING - PHOENIX 5881 EAST MAYO BOULEVARD PHOENIX, AZ 85054	PROTON BEAM CANCER CENTER
<b>12</b> 88 - FRANCISCAN HEALTHCARE HOSPICE 620 SOUTH 11TH STREET LA CROSSE, WI 546014711	HOSPICE OFFICES
<b>13</b> 89 - ST FRANCIS GROUP HOME 518 10TH STREET SOUTH LA CROSSE, WI 54601	BEHAVIORAL HEALTH
<b>14</b> 90 - ST CLARE HEALTH MISSION 916 FERRY STREET LA CROSSE, WI 54601	CLINIC



**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>91</b> 94 - SPORTS MEDICINE BUILDING 2120 E RIO SALADO PARKWAY TEMPE, AZ 85281	CLINIC
<b>1</b> 95 - JACOBY BUILDING 14225 ZUMBRO DRIVE JACKSONVILLE, FL 32224	CLINIC
<b>2</b> 96 - MANGURIAN BUILDING 4500 MELLISH DRIVE JACKSONVILLE, FL 32224	CLINIC
<b>3</b> 97 - SPARTA EYE CLINIC 307 CENTRAL AVENUE SPARTA, WI 54656	CLINIC

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MAYO CLINIC GROUP RETURN

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
38-3952644

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 215

3 Enter total number of other organizations listed in the line 1 table . . . . . 32

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	120	274,471			
(2) MEDICAL STUDENT STIPENDS	281	1,453,687			
(3) RESEARCH GRANT SUBAWARDS	1	48,502			
(4) CHARITABLE SUPPORT OF INDIVIDUALS	240	170,667			
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN CONSIDER REQUESTS FOR FUNDING AND IN-KIND SUPPORT TO ORGANIZATIONS IN THE COMMUNITY WITH PROGRAMS THAT ENHANCE THE MISSION OF THE FILING ORGANIZATION THE SUBORDINATE ORGANIZATIONS ONLY CONSIDER REQUESTS FOR FUNDING AND IN-KIND SUPPORT TO ORGANIZATIONS IN THE COMMUNITY THAT ADDRESS UNMET OR UNDER-FUNDED COMMUNITY NEEDS IN THE AREAS OF HEALTHCARE, EDUCATION, RESEARCH, DIVERSITY AND EQUALITY OF OPPORTUNITY FEDERAL AWARDS THAT ARE SUBCONTRACTED TO INDIVIDUALS AND OTHER ORGANIZATIONS ARE MONITORED BY THE SUBORDINATE ORGANIZATIONS AS PRESCRIBED IN OMB SINGLE AUDIT (FKA CIRCULAR A-133) TRANSFERS OR GRANTS TO TAX-EXEMPT ORGANIZATIONS AND/OR AFFILIATED TAX-EXEMPT ORGANIZATIONS WILL BE USED PURSUANT TO THE POLICIES AND PROCEDURES OF THE GRANTEE ORGANIZATIONS AND TO FURTHER THE EXEMPT PURPOSES OF THE GRANTEE ORGANIZATIONS BOTH THE SUBORDINATE ORGANIZATIONS AND THE GRANTEE ORGANIZATIONS MAINTAIN ADEQUATE BOOKS AND RECORDS OF SUCH TRANSFERS OR GRANTS NO ADDITIONAL MONITORING IS PERFORMED SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS PURSUING A DEGREE IN A HEALTHCARE FIELD SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN PROVIDE SHORT-TERM FINANCIAL ASSISTANCE AND SUPPORT TO EMPLOYEES AND INDIVIDUALS EXPERIENCING TEMPORARY HARDSHIPS GRANTS ARE PROVIDED BASED ON A PROVEN NEED AND ARE NOT MONITORED MEDICAL STUDENT STIPENDS ARE MOSTLY PAID TO THE STUDENTS OF THE MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE TO HELP OFFSET THE COST OF THE STUDENT'S LIVING EXPENSES AND ARE NOT MONITORED

Additional Data

Software ID:  
Software Version:  
EIN: 38-3952644  
Name: MAYO CLINIC GROUP RETURN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	1,057,217,450	0			SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	200,016,200	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE INC 700 WEST AVE SOUTH LA CROSSE, WI 54601	39-1411999	501(C)(3)	48,378,917	0			SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC 700 WEST AVE SOUTH LA CROSSE, WI 54601	39-0806374	501(C)(3)	21,368,119	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HOSPITAL-- ROCHESTER 1216 SECOND STREET SW ROCHESTER, MN 55902	41-0944601	501(C)(3)	2,000,160	0			SUPPORT CHARITABLE PROGRAMS
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE 10901 N TORREY PINES RD LA JOLLA, CA 92037	51-0197108	501(C)(3)	918,595	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY 411 N CENTRAL AVE PHOENIX, AZ 85004	86-0196696	STATE OF AZ	859,632	0			SUPPORT RESEARCH AND EDUCATIONAL PROGRAMS
UNIVERSITY OF MARYLAND 620 WEST LEXINGTON STREET BALTIMORE, MA 21201	52-6002033	STATE OF MD	658,393	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JACKSON LABORATORY 600 MAIN ST BAR HARBOR, ME 04609	01-0211513	501(C)(3)	575,750	0			SUPPORT CHARITABLE PROGRAMS
COLUMBIA UNIVERSITY 630 W 168TH ST UNIT 39 NEW YORK, NY 10032	13-5598093	501(C)(3)	461,766	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL UNIVERSITY OF SOUTH CAROLINA 179 ASHLEY AVE CHARLESTON, SC 294258908	57-6000722	STATE OF SC	446,615	0			SUPPORT RESEARCH PROGRAM
REGENTS OF THE UNIV OF MN DBA UNIVERSITY OF MN 2221 UNIV AVE SE STE 111 MINNEAPOLIS, MN 55414	41-6007513	STATE OF MN	443,342	0			SUPPORT RESEARCH AND EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 1101 E 33RD ST STE D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	376,883	0			SUPPORT CHARITABLE PROGRAMS
BOSTON UNIVERSITY SCHOOL OF MEDICINE 715 ALBANY STREET A-305 BOSTON, MA 021182526	04-2103547	501(C)(3)	292,618	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESO SCALE DIAGNOSTICS LLC 1601 RESEARCH BLVD ROCKVILLE, MD 20850	52-1974952	-	258,790	0			SUPPORT RESEARCH PROGRAM
TRUSTEES OF DARTMOUTH COLLEGE DBA DARTMOUTH COLLEGE 37 DEWEY FIELD RD STE 6163 HANOVER, NH 03755	02-0222111	501(C)(3)	240,545	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ONE COLLEGE HALL PHILADELPHIA, PA 191046303	23-1352685	501(C)(3)	229,247	0			SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC ARIZONA 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	214,947	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCHS--NORTHWEST WISCONSIN REGION INC 1221 WHIPPLE STREET EAU CLAIRE, WI 54702	39-0813418	501(C)(3)	182,596	0			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF WASHINGTON 325 9TH AVE SEATTLE, WA 98195	91-6001537	STATE OF WA	165,473	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANKATO FAMILY YMCA 1401 SOUTH RIVERFRONT DRIVE MANKATO, MN 56001	41-0739108	501(C)(3)	155,500	0			SUPPORT CHARITABLE PROGRAMS
FEED MY PEOPLE INC 331 PUTNAM ST EAU CLAIRE, WI 54703	36-1488941	501(C)(3)	132,400	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY DUMC 3934 DURHAM, NC 27710	56-0532129	501(C)(3)	130,779	0			SUPPORT CHARITABLE PROGRAMS
LA CROSSE AREA AUTISM FOUNDATION INC 330 SOUH 6TH STREET LA CROSSE, WI 54601	45-4377291	501(C)(3)	100,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRIPPS HEALTH 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121	95-1684089	501(C)(3)	122,657	0			SUPPORT CHARITABLE PROGRAMS
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	116,650	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANNER HEALTH RESEARCH INSTITUTE 1441 NORTH 12TH STREET PHOENIX, AZ 85006	45-0233470	501(C)(3)	109,319	0			SUPPORT CHARITABLE PROGRAMS
EAU CLAIRE COMMUNITY FOUNDATION 301 SOUTH BARSTOW ST NO 104 EAU CLAIRE, WI 54701	39-1891064	501(C)(3)	101,300	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAISER FOUNDATION RESEARCH INSTITUTE 1 KAISER PLAZA 15L OAKLAND, CA 94612	94-1105628	501(C)(3)	100,635	0			SUPPORT CHARITABLE PROGRAMS
FORSYTH MEMORIAL HOSPITAL 3333 SILAS CREEK PKWY WINSTONSALEM, NC 27103	56-0928089	501(C)(3)	96,800	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAGE BIONETWORKS 1100 FAIRVIEW AVE N SEATTLE, WA 981091024	26-4489946	501(C)(3)	96,654	0			SUPPORT CHARITABLE PROGRAMS
DIGNITY HEALTH (FORMERLY CATHOLIC HEALTHCARE WEST) 350 WEST THOMAS ROAD PHOENIX, AZ 85013	86-0096787	501(C)(3)	95,186	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UC REGENTS 10945 LE CONTE AVE STE 2339 BOX 951687 LOS ANGELES, CA 90095	95-6006143	STATE OF CA	94,179	0			SUPPORT RESEARCH PROGRAM
CITY OF EAU CLAIRE 203 S FARWELL ST EAU CLAIRE, WI 54701	39-6005436	CTY OF EAU CLAIRE	93,394	0			SUPPORT COMMUNITY PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIPPEWA VALLEY FREE CLINIC 836 RICHARD DRIVE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)	91,100	0			SUPPORT CHARITABLE PROGRAMS
STATE OF MINNESOTA 658 CEDAR ST ST PAUL, MN 55155	41-6007162	STATE OF MN	85,500	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 021394307	04-2103594	501(C)(3)	85,178	0			SUPPORT CHARITABLE PROGRAMS
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N FIFTH STREET SUITE 600 PHOENIX, AZ 85004	75-3065445	501(C)(3)	76,068	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CROSSE COMMUNITY FOUNDATION 401 MAIN STREET SUITE 205 LA CROSSE, WI 54601	39-6037996	501(C)(3)	75,500	0			SUPPORT CHARITABLE PROGRAMS
AUSTIN COMMUNITY GROWTH VENTURES 329 N MAIN STREET SUITE 106L AUSTIN, MN 55912	47-5042107	501(C)(3)	75,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1665 UNIVERSITY BLVD STE 327 BIRMINGHAM, AL 352940022	63-6005396	STATE OF AL	74,302	0			SUPPORT RESEARCH PROGRAM
BAPTIST HEALTHCARE SYSTEM INC 1740 NICHOLASVILLE RD LEXINGTON, KY 405031499	61-0444707	501(C)(3)	68,580	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIGNITY HEALTH 185 BERRY STREET SAN FRANCISCO, CA 94107	94-1196203	501(C)(3)	67,490	0			SUPPORT CHARITABLE PROGRAMS
DIOCESE OF LA CROSSE 3710 EAST AVE S LA CROSSE, WI 546024004	39-0807229	501(C)(3)	54,600	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	62,096	0			SUPPORT RESEARCH PROGRAM
METRO KNOXVILLE HMA LLC 10820 PARKSIDE DR KNOXVILLE, TN 37934	45-2535623	-	59,845	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 452293039	31-0833936	501(C)(3)	56,309	0			SUPPORT CHARITABLE PROGRAMS
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	56,145	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDIOVASCULAR ASSOCIATES OF THE SOUTHEAST LLC 3980 COLONNADE PKWY BIRMINGHAM, AL 35243	45-2697154	-	54,410	0			SUPPORT RESEARCH PROGRAM
SOUTH DAKOTA HEALTH RESEARCH FOUNDATION 1400 W 22ND ST SIOUX FALLS, SD 57105	46-0450378	501(C)(3)	50,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	48,850	0			SUPPORT CHARITABLE PROGRAMS
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04402	01-0238552	501(C)(3)	48,295	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOSPITALS EAST COMMUNITIES 615 S NEW BALLAS RD ST LOUIS, MO 63141	43-0653493	501(C)(3)	47,530	0			SUPPORT CHARITABLE PROGRAMS
INOVA HEALTH CARE SERVICES 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042	54-0620889	501(C)(3)	44,385	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 7619 NEW HAVEN, CT 06519	06-0646973	501(C)(3)	44,202	0			SUPPORT CHARITABLE PROGRAMS
VASCULAR SURGERY ASSOCIATES PC 5020 W BRISTOL RD FLINT, MI 48507	38-2237803	-	41,415	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MANKATO AREA UNITED WAY INC 101 NORTH 2ND STREET 100 MANKATO, MN 56001	41-6008819	501(C)(3)	40,750	0			SUPPORT CHARITABLE PROGRAMS
ALBERT LEA PUBLIC EDUCATION FOUNDATION INC PO BOX 828 ALBERT LEA, MN 56007	41-1989284	501(C)(3)	40,100	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READY FOR KINDERGARTEN NORTHPORT CENTER 1970 LOOKOUT DRIVE DRIVE NORTH MANKATO, MN 56003	41-6000310	STATE OF MN	40,000	0			SUPPORT COMMUNITY PROGRAMS
JACKSONVILLE SYMPHONY 300 WEST WATER STREET SUITE 300 JACKSONVILLE, FL 32202	59-6002520	501(C)(3)	40,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERVENT INTERNATIONAL LLC 340 EISENHOWER DR BLDG 1400 STE 17 SAVANNAH, GA 31406	45-2954871	-	39,103	0			SUPPORT RESEARCH PROGRAM
I M SULZBACHER CENTER FOR THE HOMLESS INC 611 EAST ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	38,902	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL ONCOLOGY CENTER SUNY 35 STATE ST ALBANY, NY 122072826	14-1368361	501(C)(3)	38,605	0			SUPPORT CHARITABLE PROGRAMS
OREGON HEALTH & SCIENCES UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	93-1176109	STATE OF OR	38,200	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRAIRIE EDUCATION AND RESEARCH COOPERATIVE 317 N 5TH STREET SPRINGFIELD, IL 62701	37-1157915	501(C)(3)	38,090	0			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF PITTSBURGH 4200 5TH AVE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	36,755	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE UNITED GRIEF GROUP 24524 ARROWHEAD TRAIL CLEVELAND, MN 56017	90-0987142	501(C)(3)	35,000	0			SUPPORT CHARITABLE PROGRAMS
UNITED WAY OF NORTHEAST FLORIDA INC 40 EAST ADAMS STREET SUITE 200 JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	34,177	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H LEE MOFFIT CANCER CENTER AND RESEARCH INSTITUTE INC 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	34,083	0			SUPPORT CHARITABLE PROGRAMS
NC HEART AND VASCULAR RESEARCH 3000 NEW BERN AVE STE G-100 RALEIGH, NC 27610	56-2001346	-	33,995	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDIAC AND VASCULAR RESEARCH CENTER OF NORTHERN MICHIGAN 560 W MITCHELL STE 500 PETOSKEY, MI 49770	38-3576853	-	33,410	0			SUPPORT RESEARCH PROGRAM
TEXAS A&M ENGINEERING 400 HARVEY MITCHELL PKW S COLLEGE STATION, TX 77845	74-1974733	STATE OF TX	33,081	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY NEW ORLEANS, LA 701212484	72-0502505	501(C)(3)	33,000	0			SUPPORT CHARITABLE PROGRAMS
SAINT ANDREWS LIGHTHOUSE INC 4599 WORRALL WAY JACKSONVILLE, FL 32224	31-1489868	501(C)(3)	32,500	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA STATE COLLEGES AND UNIVERSITIES 236 WIGLEY ADMINISTRATION CENTER MANKATO, MN 56001	41-1687554	STATE OF MN	16,500	0			SUPPORT RESEARCH AND EDUCATIONAL PROGRAMS
HUNTSVILLE CARDIOVASCULAR CLINIC PA 4601 WHITESBURG DR S STE 201 HUNTSVILLE, AL 358021658	63-1211664	-	31,280	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAU CLAIRE MARATHON LLC 3746 PATTON ST EAU CLAIRE, WI 54701	46-4296069	-	30,250	0			SUPPORT COMMUNITY PROGRAMS
ADVENTIST HEALTHCARE 820 W DIAMOND AVE STE 600 GAITHERSBURG, MD 20878	52-1532556	501(C)(3)	29,850	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC 55 FRUIT ST BLDG RM 205 BOSTON, MA 021142622	04-2807148	501(C)(3)	29,698	0			SUPPORT CHARITABLE PROGRAMS
THE MIRIAM HOSPITAL 164 SUMMIT AVE PROVIDENCE, RI 029034970	05-0258905	501(C)(3)	29,250	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI SCHOOL OF MEDICINE CTR TO ADVANCE PALLIATIVE CARE 1255 FIFTH AVENUE STE C-2 NEW YORK, NY 10029	13-6171197	501(C)(3)	29,162	0			SUPPORT CHARITABLE PROGRAMS
THE METHODIST HOSPITAL RESEARCH INSTITUTE 6670 BERTNER AVENUE HOUSTON, TX 77030	87-0721923	501(C)(3)	28,005	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN COMMUNITY CHARITABLE FUND (VISION 2020) 329 NORTH MAIN STREET SUITE 106L AUSTIN, MN 55912	36-3487772	501(C)(3)	27,300	0			SUPPORT CHARITABLE PROGRAMS
NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION INC 4150 CLEMENT STREET 151NC SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	27,250	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUNDERSEN CLINIC LTD 1836 SOUTH AVENUE LA CROSSE, WI 54601	39-1028657	501(C)(3)	26,397	0			SUPPORT CHARITABLE PROGRAMS
BIOMEDICAL RESEARCH FOUNDATION 4300 WEST 7TH STREET LITTLE ROCK, AR 72205	71-0675830	501(C)(3)	26,480	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MOWER CO PO BOX 605 AUSTIN, MN 55912	41-0831896	501(C)(3)	26,200	0			SUPPORT CHARITABLE PROGRAMS
FIRST COAST CARDIOVASCULAR 7011 A C SKINNER PKWY STE 160 JACKSONVILLE, FL 32256	47-0854466	-	26,150	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MINNESOTA STATE UNIVERSITY MANKATO FOUNDATION INC 126 ALUMNI FOUNDATION CENTER MANKATO, MN 56001	41-6033423	STATE OF MN	25,759	0			SUPPORT RESEARCH AND EDUCATIONAL PROGRAMS
FAMILY PROMISE OF THE CHIPPEWA VALLEY INC 309 E LAKE STREET EAU CLAIRE, WI 54701	39-1799434	501(C)(3)	25,675	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF BEAVER CREEK RESERVE INC S1 COUNTY RD K FALL CREEK, WI 54742	39-1531523	501(C)(3)	25,650	0			SUPPORT CHARITABLE PROGRAMS
CATHOLIC CHARITIES OF THE DIOCESE OF LA CROSSE INC 3710 EAST AVE S PO BOX 266 LA CROSSE, WI 546020266	39-1896823	501(C)(3)	25,400	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CROSSE MEDICAL HEALTH SCIENCE CONSORTIUM 1300 BADGER STREET LA CROSSE, WI 54601	39-1804725	501(C)(3)	25,250	0			SUPPORT CHARITABLE PROGRAMS
CHILDRENS MUSEUM OF SOUTHERN MINNESOTA 224 LAMM STREET MANKATO, MN 56001	20-4351801	501(C)(3)	25,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCADIA EDUCATION FOUNDATION 756 RAIDER DRIVE ARCADIA, WI 54612	39-1622250	501(C)(3)	25,000	0			SUPPORT CHARITABLE PROGRAMS
UNITED WAY OF FREEBORN COUNTY INC 341 SOUTH BROADWAY ALBERT LEA, MN 56007	41-0956396	501(C)(3)	25,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OWATONNA FOUNDATION INC PO BOX 642 OWATONNA, MN 55060	41-6038547	501(C)(3)	25,000	0			SUPPORT CHARITABLE PROGRAMS
LEGACY COMMUNITY CENTER INC 26 W GRAND AVE CHIPPEWA FALLS, WI 54729	90-1107703	501(C)(3)	25,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY 558 DOAN HALL 410 W 10TH AVENUE COLUMBUS, OH 43210	31-6025986	STATE OF OH	24,772	0			SUPPORT RESEARCH PROGRAM
GREAT RIVERS UNITED WAY INC 1855 EAST MAIN STREET ONALASKA, WI 54650	39-0848188	501(C)(3)	24,325	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORTON PLANT MEASE HEALTH CARE 207 JEFFORDS ST MS 110 CLEARWATER, FL 33756	59-2374556	501(C)(3)	23,954	0			SUPPORT CHARITABLE PROGRAMS
NAMI BARRON COUNTY PO BOX 477 RICE LAKE, WI 54868	74-3031923	501(C)(3)	23,500	0			SUPPORT CHARITABLE PROGRAMS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI MEDICAL CENTER OF FLORIDA INC 4300 ALTON RD MIAMI BEACH, FL 33140	59-0624424	501(C)(3)	23,167	0			SUPPORT CHARITABLE PROGRAMS
MINNEAPOLIS CLINIC OF NEUROLOGY LTD 4225 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422	41-0999094	-	22,955	0			SUPPORT RESEARCH PROGRAM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPTUM LABS INC 9900 BREN RD E MINNETONKA, MN 55343	46-1615964	-	22,920	0			SUPPORT RESEARCH PROGRAM
CHILDREN'S MUSEUM OF EAU CLAIRE INC 220 S BARSTOW ST EAU CLAIRE, WI 54701	39-2015286	501(C)(3)	22,900	0			SUPPORT CHARITABLE PROGRAMS



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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF STEELE COUNTY 110 N CEDAR AVE OWATONNA, MN 55060	23-7366680	501(C)(3)	22,600	0			SUPPORT CHARITABLE PROGRAMS
NORTH CENTRAL CARDIAC RESEARCH INSTITUTE LTD 4520 W 69TH ST SIOUX FALLS, SD 57108	46-0445351	-	22,460	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART GROUP PC 4015 GATEWAY BLVD STE 2120 NEWBURGH, IN 47630	35-1776713	-	22,240	0			SUPPORT RESEARCH PROGRAM
REGIONAL FOOD BANK OF NORTHEAST FLORIDA INC 1116 EDGEWOOD AVE N UNITS D AND E JACKSONVILLE, FL 322542393	46-5014769	501(C)(3)	22,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL VITALITY CENTER 135 S BROADWAY ALBERT LEA, MN 56007	45-4540205	501(C)(3)	21,900	0			SUPPORT CHARITABLE PROGRAMS
MARICOPA INTEGRATED HEALTH SYSTEM 2601 E ROOSEVELT ST PHOENIX, AZ 85008	86-0830701	-	21,837	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE RESEARCH AND EDUCATION FOUNDATION 10 NORTH GREENE ST BALTIMORE, MD 21201	52-1705976	501(C)(3)	21,550	0			SUPPORT CHARITABLE PROGRAMS
SOUTHERN ILLINOIS HOSPITAL PO BOX 3988 CARBONDALE, IL 629023988	37-0618939	501(C)(3)	21,155	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POVERELLO FOUNDATION 1216 SECOND STREET SW ROCHESTER, MN 55902	41-1494881	501(C)(3)	46,021	0			SUPPORT CHARITABLE PROGRAMS
BOYCEVILLE COMMUNITY SCHOOL DISTRICT 1003 TIFFANY STREET BOYCEVILLE, WI 54725	39-6001052	STATE OF WI	21,000	0			SUPPORT EDUCATIONAL PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS EDUCATION AND RESEARCH ASSOCIATION OF MICHIGAN 2215 FULLER ROAD ANN ARBOR, MI 48105	38-3060217	501(C)(3)	20,900	0			SUPPORT CHARITABLE PROGRAMS
ST FRANCIS HOSPITAL 100 PORT WASHINGTON BLVD ROSLYN, NY 115761348	11-2050523	-	20,205	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKEVIEW METHODIST HEALTH CARE CENTER 610 SUMMIT DRIVE FAIRMONT, MN 56031	41-0874740	501(C)(3)	20,000	0			SUPPORT CHARITABLE PROGRAMS
AUSTIN ASPIRES INC 329 N MAIN SUITE 106L AUSTIN, MN 55912	46-5424422	501(C)(3)	20,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF SCIENCE AND HISTORY OF JACKSONVILLE INC 1025 MUSEUM CIR JACKSONVILLE, FL 322079053	59-0651090	501(C)(3)	20,000	0			SUPPORT CHARITABLE PROGRAMS
KATIES CAPLES FOUNDATION 914 ATLANTIC AVENUE SUITE 1A AMELIA ISLAND, FL 32034	59-3580838	501(C)(3)	20,000	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVEUNE SUITE 310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	20,000	0			SUPPORT CHARITABLE PROGRAMS
LIFE LINE SCREENING OF AMERICA 901 S MOPAC EXPY BLDG 2 STE 130 AUSTIN, TX 787465759	34-1839775	-	19,500	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 10 WEST ALGONQUIN ROAD DES PLAINES, IL 600166006	36-2167910	501(C)(3)	19,300	0			SUPPORT CHARITABLE PROGRAMS
BERKS CARDIOLOGISTS 222 N 12TH ST READING, PA 19610	23-1911520	-	19,250	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERLAND TECHNICAL COLLEGE 1900 8TH AVENUE NW AUSTIN, MN 55912	41-1286409	STATE OF MN	18,730	0			SUPPORT COMMUNITY PROGRAMS
UNIVERSITY OF SOUTHERN CALIFORNIA 1510 SAN PABLO HCC 514 LOS ANGELES, CA 90033	95-1642394	501(C)(3)	18,565	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY SCHOOL OF MEDICINE 1365-B CLIFTON RD ATLANTA, GA 30322	58-0566256	501(C)(3)	18,285	0			SUPPORT CHARITABLE PROGRAMS
UNITED WAY OF GOODHUE WABASHA & PIERCE COUNTIES 413 WEST THIRD STREET RED WING, MN 55066	41-6043633	501(C)(3)	18,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	17,925	0			SUPPORT RESEARCH PROGRAM
MISSION CARDIOVASCULAR RESEARCH INSTITUTE 2333 MOWRY AVE STE 300 FREMONT, CA 945381626	27-1276137	-	17,670	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY Y OF ALBERT LEA MINNESOTA INC 2021 WEST MAIN STREET ALBERT LEA, MN 56007	41-1000679	501(C)(3)	17,500	0			SUPPORT CHARITABLE PROGRAMS
WAKE FOREST UNIVERSITY HEALTH SCIENCES- ULTRASOUND MEDICAL CENTER BLVD WINSTONSALEM, NC 271571039	22-3849199	501(C)(3)	16,350	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND VA MEDICAL RESEARCH AND EDUCATION FOUNDATION 10701 E BLVD VAMC 151C W CLEVELAND, OH 44106	34-1710663	501(C)(3)	16,205	0			SUPPORT CHARITABLE PROGRAMS
BIG BROTHERS BIG SISTERS OF NORTHWESTERN WISCONSIN INC 424 GALLOWAY STREET EAU CLAIRE, WI 54703	23-7311200	501(C)(3)	16,075	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROW LA CROSSE INC PO BOX 1241 LA CROSSE, WI 54601	47-0992006	501(C)(3)	16,075	0			SUPPORT CHARITABLE PROGRAMS
WILLIAM BEAUMONT HOSPITAL 16500 WEST TWELVE MILE ROAD SOUTHFIELD, MI 480762975	38-1459362	501(C)(3)	16,045	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH FLORIDA PO BOX 864250 ORLANDO, FL 328864240	59-3102112	STATE OF FL	16,024	0			SUPPORT RESEARCH PROGRAM
SETON FAMILY OF HOSPITALS 1345 PHILOMENA ST STE 362 AUSTIN, TX 786111219	74-1109643	501(C)(3)	15,490	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO HEALTH RESEARCH INSTITUTE 180 EAST BROAD STREET 33RD FLOOR COLUMBUS, OH 432153707	31-6059784	501(C)(3)	15,395	0			SUPPORT CHARITABLE PROGRAMS
RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE, VA 229044202	54-6001796	STATE OF VA	15,145	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVERSITY LEADERSHIP ALLIANCE 13835 NORTH TATUM BLVD SUITE 9-457 PHOENIX, AZ 85032	20-2260284	501(C)(3)	15,000	0			SUPPORT CHARITABLE PROGRAMS
AUSTIN AREA COMMISSION FOR THE ARTS 300 N MAIN STREET AUSTIN, MN 55912	41-1650727	501(C)(3)	15,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DONOR NETWORK OF ARIZONA 201 WEST COOLIDGE STREET PHOENIX, AZ 85013	86-0707697	501(C)(3)	15,000	0			SUPPORT CHARITABLE PROGRAMS
UNITED BIOSOURCE LLC 3822 SUMMIT ST KANSAS CITY, MO 64111	80-0077029	-	14,860	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY FORD HEALTH SYSTEM 2799 W GRAND BLVD DETROIT, MI 48202	38-1357020	501(C)(3)	14,830	0			SUPPORT CHARITABLE PROGRAMS
UPMC HAMOT 201 STATE STREET ERIE, PA 16550	25-0965387	501(C)(3)	14,820	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN - LA CROSSE 1725 STATE STREET LA CROSSE, WI 54601	39-1805963	STATE OF WI	14,400	0			SUPPORT RESEARCH PROGRAM
AUSTIN AREA CHAMBER OF COMMERCE 329 NORTH MAIN STREET SUITE 102 AUSTIN, MN 55912	41-0133918	501(C)(6)	14,375	0			SUPPORT EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY 1285 MRB IV NASHVILLE, TN 372320575	62-0476822	501(C)(3)	14,329	0			SUPPORT CHARITABLE PROGRAMS
EAU CLAIRE YMCA 700 GRAHAM AVENUE EAU CLAIRE, WI 54701	39-0806351	501(C)(3)	14,283	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL CORNELL MEDICAL COLLEGE 1315 YORK AVENUE NEW YORK, NY 10021	13-1623978	501(C)(3)	14,225	0			SUPPORT CHARITABLE PROGRAMS
OVERLAKE HOSPITAL MEDICAL 1035 116TH AVE NE BELLEVUE, WA 98004	91-0652651	501(C)(3)	14,000	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINNACLE HEALTH CARDIOVASCULAR INSTITUTE INC 1000 N FRONT ST WORMLEYSBURG, PA 17043	32-0321362	-	13,900	0			SUPPORT RESEARCH PROGRAM
LEHIGH VALLEY HOSPITAL 1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202	23-1689692	501(C)(3)	13,830	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL DISTRICT OF LA CROSSE 807 EAST AVE S LA CROSSE, WI 54601	39-6002841	STATE OF WI	13,700	0			SUPPORT COMMUNITY PROGRAMS
VINE FAITH IN ACTION 421 E HICKORY ST MANKATO, MN 56001	41-1802861	501(C)(3)	13,100	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN HEALTH CARE 36 S STATE ST STE 2200 SALT LAKE CITY, UT 84111	87-0269232	501(C)(3)	13,070	0			SUPPORT CHARITABLE PROGRAMS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM ST BOX 0812 SAN FRANCISCO, CA 94143	94-6036493	STATE OF CA	13,010	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHFINDERS COLLABORATIVE INC PO BOX 731 NORTHFIELD, MN 55057	20-1805262	501(C)(3)	13,000	0			SUPPORT CHARITABLE PROGRAMS
SCHOOL DISTRICT OF THE MENOMONIE AREA 215 PINE AVE NE MENOMONIE, WI 54751	39-6003384	STATE OF WI	12,975	0			SUPPORT COMMUNITY PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW-EAU CLAIRE FOUNDATION PO BOX 4004 EAU CLAIRE, WI 547024004	39-0972350	501(C)(3)	12,500	0			SUPPORT CHARITABLE PROGRAMS
HABITAT FOR HUMANITY LA CROSSE AREA 3181 BERLIN DRIVE LA CROSSE, WI 54650	39-1706999	501(C)(3)	12,500	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANKATO AREA FOUNDATION 127 SOUTH SECOND STREET SUITE 100 MANKATO, MN 56001	41-0011094	501(C)(3)	12,500	0			SUPPORT CHARITABLE PROGRAMS
ECONFINA CARDIOLOGY GROUP PA 801 E 6TH ST STE 504 PANAMA CITY, FL 32401	59-2005970	-	12,450	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606	34-4428256	501(C)(3)	12,300	0			SUPPORT CHARITABLE PROGRAMS
MCHS--SOUTHWEST MINNESOTA REGION (FKA MCHS - MANKATO) 1025 MARSH STREET MANKATO, MN 56001	41-1236756	501(C)(3)	12,140	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE 750 N KALE SHORE DR CHICAGO, IL 606113008	36-2167817	501(C)(3)	12,034	0			SUPPORT CHARITABLE PROGRAMS
LA CROSSE COUNTY 400 N FOURTH ST LA CROSSE, WI 54601	39-6005709	CT OF LA CROSSE	12,000	0			SUPPORT COMMUNITY PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA KIDNEY FOUNDATION 360 EAST CORONADO ROAD 180 PHOENIX, AZ 85004	86-6052343	501(C)(3)	11,925	0			SUPPORT CHARITABLE PROGRAMS
SPARROW CLINICAL RESEARCH INSTITUTE 1200 E MICHIGAN AVENUE SUITE 550 LANSING, MI 48912	38-3075242	501(C)(3)	11,750	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEWARD ST ELIZABETHS MEDICAL CENTER OF BOSTON INC 77 WARREN ST BHMC 333 BRIGHTON, MA 021352907	27-2473667	501(C)(3)	11,545	0			SUPPORT CHARITABLE PROGRAMS
FREE CLINIC OF STEELE COUNTY 134 SOUTHVIEW ST OWATONNA, MN 55060	46-1795200	CT OF STEELE	11,250	0			SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF MANKATO 127 S 2ND ST STE 200 MANKATO, MN 56001	41-0711619	501(C)(3)	11,000	0			SUPPORT CHARITABLE PROGRAMS
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 200065009	53-0196605	501(C)(3)	11,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 331242912	59-0624458	501(C)(3)	10,840	0			SUPPORT CHARITABLE PROGRAMS
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 441067037	34-1018992	501(C)(3)	10,665	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARL T HAYDEN MEDICAL RESEARCH FOUNDATION 650 EAST INDIAN SCHOOL ROAD PHOENIX, AZ 85012	86-0907729	501(C)(3)	10,648	0			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF CHICAGO 5747 S ELLIS AVE 122 CHICAGO, IL 606371043	36-2177139	501(C)(3)	10,591	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP SWEET LIFE ADVENTURES INC 10 HANTEN DRIVE MANKATO, MN 56001	27-3206536	501(C)(3)	10,500	0			SUPPORT CHARITABLE PROGRAMS
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL 1325 4TH AVE STE 1310 SEATTLE, WA 98101	91-1452438	501(C)(3)	10,420	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	10,060	0			SUPPORT CHARITABLE PROGRAMS
ST JOHNS LUTHERAN COMMUNITY 901 LUTHER PLACE ALBERT LEA, MN 56007	41-0847708	501(C)(3)	10,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF MONROE COUNTY INC PO BOX 3 TOMAH, WI 54660	45-5319621	501(C)(3)	10,000	0			SUPPORT CHARITABLE PROGRAMS
ST JAMES YOUTH BASKETBALL ASSOCIATION 908 ELTON AVE N ST JAMES, MN 56081	46-1678184	501(C)(3)	10,000	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CRESCENT AREA EVENT CENTER 575 VETERANS PARKWAY PO BOX 46 LA CRESCENT, MN 55947	46-4473251	501(C)(3)	10,000	0			SUPPORT CHARITABLE PROGRAMS
GENERATION W INC 2320 3RD STREET S SUITE 5 JACKSONVILLE BEACH, FL 32250	46-4832199	501(C)(3)	10,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD AFFAIRS COUNCIL OF JACKSONVILLE INC 100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 32202	59-2522757	501(C)(3)	10,000	0			SUPPORT CHARITABLE PROGRAMS
MISSION HOUSE INC 800 SHETTER AVE JACKSONVILLE BEACH, FL 32250	59-3376704	501(C)(3)	10,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY ARIZONA CHAPTER 5025 E WASHINGTON STE 102 PHOENIX, AZ 85034	86-0180887	501(C)(3)	10,000	0			SUPPORT CHARITABLE PROGRAMS
THUNDERBIRDS 7226 N 16TH ST STE 100 PHOENIX, AZ 85020	86-0373052	501(C)(6)	10,000	0			SUPPORT EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF PHOENIX INC 501 E ROANOKE AVE PHOENIX, AZ 85004	86-0483792	501(C)(3)	10,000	0			SUPPORT CHARITABLE PROGRAMS
MARICOPA COUNTY 201 W JEFFERSON ST PHOENIX, AZ 850032225	86-6000472	CT OF MARICOPA	10,000	0			SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN HEALTH SYSTEM INC 1923 S UTICA AVE TULSA, OK 74104	73-1215174	501(C)(3)	9,850	0			SUPPORT CHARITABLE PROGRAMS
PANCREATIC CANCER ACTION NETWORK 2141 ROSECRANS AVE STE 7000 EL SEGUNDO, CA 90245	33-0841281	501(C)(3)	9,735	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF EAU CLAIRE 721 OXFORD AVE EAU CLAIRE, WI 54703	39-6005694	STATE OF WI	9,700	0			SUPPORT EDUCATIONAL PROGRAMS
VALLEY HEALTH SYSTEM 1840 AMHERST ST WINCHESTER, VA 22601	52-1357729	501(C)(3)	9,650	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT MD ANDERSON CANCER CENTER PO BOX 301439 HOUSTON, TX 772301439	74-6001118	STATE OF TX	9,521	0			SUPPORT RESEARCH PROGRAM
THE SAINT PAUL FOUNDATION 101 5TH ST E STE 2400 ST PAUL, MN 551011800	41-6031510	501(C)(3)	9,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY VALLEY OF THE SUN 1515 EAST OSBORN PHOENIX, AZ 85014	86-0104419	501(C)(3)	9,000	0			SUPPORT CHARITABLE PROGRAMS
LA CROSSE AREA CONVENTION AND VISITORS BUREAU 410 VETERANS MEMORIAL DRIVE LA CROSSE, WI 54601	39-1213086	501(C)(6)	8,750	0			SUPPORT EXEMPT PURPOSE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SPRINGFIELD 2 E CENTRAL ST SPRINGFIELD, MN 56087	41-6005552	CTY OF SPRINGFIELD	8,160	0			SUPPORT COMMUNITY PROGRAMS
YOUNG WOMENS CHRISTIAN ASSOCIATION OF LA CROSSE 3219 COMMERCE ST LA CROSSE, WI 54603	39-0810543	501(C)(3)	8,000	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LILY PAD LAB LLC 1009 E TYLER AVE EAU CLAIRE, WI 54701	46-1685793	-	8,000	0			SUPPORT MISSION
FAMILY AND CHILDREN'S CENTER 1707 MAIN STREET LA CROSSE, WI 54601	39-0821863	501(C)(3)	7,625	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANKATO SYMPHONY ORCHESTRA INC 523 S 2ND ST MANKATO, MN 56001	23-7319396	501(C)(3)	7,500	0			SUPPORT CHARITABLE PROGRAMS
MIND OVER MATTER-MOM-INC E7465 640TH AVE ELK MOUND, WI 54739	27-1882347	501(C)(3)	7,500	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING OUR COMMUNITIES PARTNERS 2120 HOWARD DR SUITE F G NORTH MANKATO, MN 56003	27-2374187	501(C)(3)	7,500	0			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST SE STE 500 MINNEAPOLIS, MN 554552010	41-6042488	501(C)(3)	7,500	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSONVILLE WOMENS LDRSHP FORUM INC PO BOX 5734 JACKSONVILLE, FL 322475734	46-3938058	501(C)(3)	7,500	0			SUPPORT CHARITABLE PROGRAMS
BAPTIST CLINICAL RESEARCH INSTITUTE INC 6025 WALNUT GROVE RD STE 500 MEMPHIS, TN 38120	45-3032246	501(C)(3)	7,390	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN MEDICAL SCHOOL 600 HIGHLAND AVE MADISON, WI 53792	39-6006492	STATE OF WI	7,375	0			SUPPORT RESEARCH PROGRAM
WISCORPS INC 789 MYRICK PARK DRIVE LA CROSSE, WI 54601	27-0774779	501(C)(3)	7,250	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LA CROSSE 400 LA CROSSE ST LA CROSSE, WI 54601	39-6005490	CTY OF LA CROSSE	7,225	0			SUPPORT COMMUNITY PROGRAMS
UNIVERSITY OF MIAMI DBA UMDC DEPT OF NEUROLOGY 1320 S DIXIE HWY CORAL GABLES, FL 33146	59-2579826	STATE OF FL	7,104	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDIOTHORACIC AND VASCULAR SURGEONS PA 1010 W 40TH ST AUSTIN, TX 78756	74-1796484	-	7,005	0			SUPPORT RESEARCH PROGRAM
CHILDREN OF DESTINY 3270 19TH STREET NW SUITE 208 ROCHESTER, MN 55901	06-1777757	501(C)(3)	7,000	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFT OF LIFE INC 705 2ND STREET SW ROCHESTER, MN 55901	41-1495845	501(C)(3)	7,000	0			SUPPORT CHARITABLE PROGRAMS
INDEPENDENT SCHOOL DISTRICT 241 FREEBORN COUNTY 211 W RICHWAY DR ALBERT LEA, MN 56007	41-6001171	STATE OF MN	6,905	0			SUPPORT COMMUNITY PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE HEALTH & SERVICES WASHINGTON 101 W EIGHTH AVE SPOKANE, WA 99204	36-4640211	-	6,805	0			SUPPORT RESEARCH PROGRAM
ALBERT LEA - FREEBORN COUNTY CHAMBER FOUNDATION 2580 BRIDGE AVE ALBERT LEA, MN 56007	41-1651705	501(C)(3)	6,775	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE GREATER CHIPPEWA VALLEY 201 E LAKE ST EAU CLAIRE, WI 547013842	39-2032491	501(C)(3)	6,550	0			SUPPORT CHARITABLE PROGRAMS
MERCY MEDICAL RESEARCH INSTITUTE 1235 E CHEROKEE SPRINGFIELD, MO 65804	87-0796305	501(C)(3)	6,505	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENS FUND OF GREATER PO BOX 654 LA CROSSE, WI 54602	27-2394065	501(C)(3)	6,500	0			SUPPORT CHARITABLE PROGRAMS
ROTARY WORKS FOUNDATION PO BOX 1571 LA CROSSE, WI 54601	39-6076868	501(C)(3)	6,500	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY COMMUNITY HELP ORGANIZATION INC 1014 SOUTH FRONT STREET MANKATO, MN 56002	41-1429214	501(C)(3)	6,500	0			SUPPORT CHARITABLE PROGRAMS
EAU CLAIRE EVENTS INC 1233A MENOMONIE ST EAU CLAIRE, WI 54703	46-1087306	501(C)(3)	6,500	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE INC 3901 RAINBOW BLVD KANSAS CITY, MO 66160	48-1108830	501(C)(3)	6,400	0			SUPPORT CHARITABLE PROGRAMS
HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA 100 NORTH LAURA STREET JACKSONVILLE, FL 32202	59-2247189	501(C)(3)	6,200	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYERLY BAPTIST INC 3563 PHILLIPS HWY JACKSONVILLE, FL 32207	03-0571183	-	6,200	0			SUPPORT RESEARCH PROGRAM
DOYLESTOWN HOSPITAL 595 WEST STATE ST DOYLESTOWN, PA 18901	23-1352174	501(C)(3)	6,035	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JONES FAMILY FOUNDATION 101 EAST FIFTH STREET STE 2400 SAINT PAUL, MN 55101	45-3069865	501(C)(3)	6,000	0			SUPPORT CHARITABLE PROGRAMS
STEPPING STONES OF DUNN COUNTY 1602 STOUT RD MENOMONIE, WI 547512964	39-1608607	501(C)(3)	5,850	0			SUPPORT CHARITABLE PROGRAMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 110 S FORT DOUGLAS BLVD SALT LAKE CITY, UT 84113	87-6000525	STATE OF UT	5,789	0			SUPPORT RESEARCH PROGRAM
BETH ISRAEL DEACONESS MEDICAL CENTER 3300 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	5,765	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROHN'S & COLITIS FOUNDATION OF AMERICA INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	13-6193105	501(C)(3)	5,700	0			SUPPORT CHARITABLE PROGRAMS
PROVIDENCE HEALTH & SERVICES OREGON 4805 NE GLISAN ST STE 5F40 PORTLAND, OR 97213	93-0386929	-	5,665	0			SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLON CANCER ALLIANCE INC 1025 VERMONT AVE NW STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	5,650	0			SUPPORT CHARITABLE PROGRAMS
CITY OF PRAIRIE DU CHIEN 214 EAST BLACKHAWK AVE PO BOX 324 PRAIRIE DU CHIEN, WI 53821	39-6005577	CTY OF PRAIRIE DU CH	5,600	0			SUPPORT COMMUNITY PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVARIAN CANCER ALLIANCE OF 2303 44TH ST PHOENIX, AZ 85008	26-1399967	501(C)(3)	5,550	0			SUPPORT CHARITABLE PROGRAMS
OWATONNA AREA CHAMBER OF COMMERCE AND TOURISM 320 HOFFMAN DRIVE OWATONNA, MN 55060	41-0639369	501(C)(6)	5,500	0			SUPPORT EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI VALLEY CONSERVANCY 1309 NORPLEX DRIVE SUITE 9 LA CROSSE, WI 54601	39-1871201	501(C)(3)	5,100	0			SUPPORT CHARITABLE PROGRAMS
DUVAL COUNTY MEDICAL SOCIETY 1301 RIVERPLACE BLVD 1638 JACKSONVILLE, FL 32207	59-0613659	501(C)(6)	5,050	0			SUPPORT EXEMPT PURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDSTAR HEALTH RESEARCH INSTITUTE 6525 BELCREST RD STE 700 HYATTSVILLE, MD 20782	52-6056274	501(C)(3)	5,050	0			SUPPORT CHARITABLE PROGRAMS
WELLMONT CARDIOLOGY SERVICES 1905 AMERICAN WAY KINGSPORT, TN 37660	26-3557623	501(C)(3)	5,050	0			SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH 200 FIRST STREET SW ROCHESTER, MN 55905	41-1506440	501(C)(3)	91,679				SUPPORT CHARITABLE PROGRAMS

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>		OMB No 1545-0047
			2018
			Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization MAYO CLINIC GROUP RETURN	Employer identification number  38-3952644	

Part I Questions Regarding Compensation				Yes	No								
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table style="width:100%; margin-top: 10px;"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use												
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence												
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees												
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)												
	<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		<b>1b</b>	Yes									
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		<b>2</b>	Yes									
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table style="width:100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee						
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract												
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study												
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee												
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table style="width:100%; margin-top: 10px;"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment?</td> </tr> <tr> <td><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> </tr> <tr> <td><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment?	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4a</b>	Yes						
<b>a</b> Receive a severance payment or change-of-control payment?													
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?													
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?													
			<b>4b</b>	Yes									
			<b>4c</b>	Yes									
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>													
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table style="width:100%; margin-top: 10px;"> <tr> <td><b>a</b> The organization?</td> </tr> <tr> <td><b>b</b> Any related organization?</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	<b>a</b> The organization?	<b>b</b> Any related organization?		<b>5a</b>		No						
<b>a</b> The organization?													
<b>b</b> Any related organization?													
			<b>5b</b>		No								
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table style="width:100%; margin-top: 10px;"> <tr> <td><b>a</b> The organization?</td> </tr> <tr> <td><b>b</b> Any related organization?</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	<b>a</b> The organization?	<b>b</b> Any related organization?		<b>6a</b>		No						
<b>a</b> The organization?													
<b>b</b> Any related organization?													
			<b>6b</b>		No								
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>		No								
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<b>8</b>		No								
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>										



For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

**Schedule J (Form 990) 2018**

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

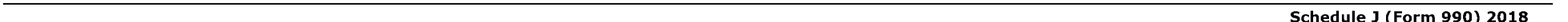
Return Reference	Explanation
PART I, LINE 1A	<p>IN 2018, JEFFREY W BOLTON, DR GIANRICO FARRUGIA, DR CHARLES M HARPER JR ,DR STEPHANIE L HINES, DR JONATHAN A LEIGHTON, DR JOHN H NOSEWORTHY, DR ALFREDO QUINONES-HINOJOSA, DR SCOTT M SILVERS AND DR SARVAM P TERKONDA WERE PROVIDED FIRST-CLASS AND/OR CHARTER TRAVEL JUSTIFIED BY BUSINESS NEED THE TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION AS ALL FLIGHTS WERE BUSINESS RELATED FIRST-CLASS AND CHARTER TRAVEL IS AVAILABLE BASED ON DEMONSTRATED BUSINESS NEED AND NOT BASED ON POSITION OR TO ANY SPECIFIC INDIVIDUALS IN ADDITION TO ALL REGULAR TRAVEL APPROVAL AND DOCUMENTATION PROCESSES, FIRST-CLASS AND CHARTER TRAVEL REQUIRE SEPARATE DOCUMENTATION OF BUSINESS NEED, APPROVAL BY A SENIOR OFFICER, AND OVERSIGHT REVIEW BY THE TRIP AND TRAVEL COMMITTEE TRAVEL FOR COMPANIONS IS AVAILABLE TO ALL TRUSTEES SO THAT SPOUSES CAN ACCOMPANY THEM TO THE SITE OF BOARD MEETINGS AND/OR SPECIFIED MAYO CLINIC BUSINESS OBLIGATIONS IN ADDITION, SEVERAL LISTED PERSONS ALSO RECEIVED TRAVEL FOR COMPANIONS SO THAT SPOUSES COULD ACCOMPANY THEM TO FUNDRAISING FUNCTIONS IN 2018, JEFFREY W BOLTON, DR STEVEN J BUSKIRK, DENNIS E DAHLEN, DR WYATT W DECKER, DR GIANRICO FARRUGIA, DR CHARLES M HARPER JR , DR ROBERT E NESSE, DR JOHN H NOSEWORTHY AND DR JORGE M PASCUAL RECEIVED SPOUSAL TRAVEL, WHICH WAS GROSSED UP AND TREATED AS TAXABLE INCOME EMPLOYEES PERFORMING WORK OUTSIDE THEIR HOME STATE RECEIVE A SUPPLEMENTAL PAYMENT TO HELP OFFSET THE COST OF THE STATE INCOME TAXES INCURRED AS A RESULT OF HAVING TO WORK IN A DIFFERENT STATE IN 2018, FOURTEEN LISTED PERSONS RECEIVED SUCH A PAYMENT WHICH INCLUDED A GROSS UP PAYMENT THE GROSS UP PAYMENT WAS TREATED AS ADDITIONAL TAXABLE COMPENSATION DR JOSEPH KRIEN WAS PROVIDED AMOUNTS TO COVER TAXES ON TAXABLE TUITION REIMBURSEMENT THIS PAYMENT INCLUDED A GROSS UP THAT WAS TREATED AS ADDITIONAL TAXABLE COMPENSATION MOVING EXPENSE REIMBURSEMENT IS PROVIDED TO QUALIFYING EMPLOYEES WHEN JUSTIFIED BY BUSINESS NEED IN 2018, TWO LISTED PERSONS RECEIVED SUCH A PAYMENT WHICH INCLUDED A GROSS UP PAYMENT THE GROSS UP PAYMENT WAS TREATED AS ADDITIONAL TAXABLE COMPENSATION MAYO CLINIC IS RESPONSIBLE UNDER A CORPORATE CHARGE CARD AGREEMENT TO REPAY EMPLOYEE ACCOUNT BALANCES THAT REMAIN OUTSTANDING FOR A CERTAIN PERIOD FOLLOWING THE NORMAL DUE DATE IN THESE CIRCUMSTANCES, SUCH AMOUNTS ARE TREATED AS TAXABLE INCOME TO THE EMPLOYEE AND GROSSED UP FOR FICA TAXES MAYO CLINIC THEN PURSUES COLLECTION FROM THE EMPLOYEE IN 2018, THERE WAS ONE LISTED EMPLOYEE FOR WHICH SUCH A PAYMENT WAS MADE HONORARIUM PAYMENTS TO MAYO CLINIC EMPLOYEES ARE INCLUDED AS TAXABLE INCOME ON THE EMPLOYEES W2 IT IS MAYO CLINICS POLICY TO GROSS UP THE TAXABLE INCOME TO COVER FICA TAXES IF THE INCOME IS POSTED AFTER THE FINAL PAY PERIOD OF THE YEAR IN 2018, ONE LISTED PERSON RECEIVED THIS TYPE OF GROSS UP PAYMENT WHICH WAS TREATED AS ADDITIONAL TAXABLE COMPENSATION TEN LISTED PERSONS RECEIVED AN AWARD OR OTHER TANGIBLE RECOGNITION THAT WAS TREATED AS TAXABLE COMPENSATION PURSUANT TO INSTITUTIONAL POLICIES, CERTAIN AWARDS HAVE A TAX GROSS UP APPLIED IN ORDER NOT TO DIMINISH THE RECOGNITION AND CELEBRATORY NATURE OF THE AWARD FOUR LISTED PERSONS RECEIVED SUBSIDIZED EMPLOYEE MEMBERSHIPS TO THE YMCA AND SIMILAR HEALTH/FITNESS FACILITIES SUCH SUBSIDIES ARE AVAILABLE TO SOME EMPLOYEES AS A BENEFIT AND ARE TREATED AS TAXABLE INCOME THE PERSONAL SERVICES THAT WERE PROVIDED ARE INCOME TAX PREPARATION SERVICES THAT, IN ACCORDANCE WITH MAYO POLICY, ARE AVAILABLE TO MAYO CLINIC VOTING/CONSULTING STAFF ONE HUNDRED AND TWO LISTED PERSONS RECEIVED THIS SERVICE, WHICH WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS</p>

Return Reference	Explanation
PART I, LINE 3	THE SUBORDINATES WITHIN THIS GROUP FILING RELIED ON A RELATED ORGANIZATION FOR ESTABLISHING THE TOP MANAGEMENT OFFICIAL'S COMPENSATION SEE CORE 990 PART VI SECTION B LINE 15 FOR FURTHER INFORMATION REGARDING THE PROCESS UTILIZED

Return Reference	Explanation
PART I, LINES 4A-C	<p>THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT (TOTAL INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III)) ADKINS JR , KEDRICK D \$432,700 SCHNEIDER, KENNETH J \$174,459 THE SUBORDINATES WITHIN THIS GROUP FILING HAVE A SUPPLEMENTAL RETIREMENT PLAN (SRP) DESIGNED TO ROUGHLY APPROXIMATE AN EXTENSION OF THE BENEFITS UNDER THE MAYO PENSION PLAN TO INCOME ABOVE THE INTERNAL REVENUE CODE QUALIFIED PLAN LIMIT IN SECTION 401(A)(17) STARTING JANUARY 1, 2011, ALL SRP BENEFITS ARE PAID AS AN ANNUAL TAXABLE CASH PAYMENT THE FOLLOWING INDIVIDUALS PARTICIPATED IN OR RECEIVED A PAYMENT FROM THE SUPPLEMENTAL RETIREMENT PLAN AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) ABENSTEIN M D , JOHN P \$ 57,136 ACKERMAN, FRANKLIN K \$ 1,869 ADKINS JR , KEDRICK D \$ 86,718 AGERTER M D , DAVID C \$ 76,510 ANDREWS M D , PAUL E \$ 83,513 ANIL M D , GOKHAN \$ 40,885 BAKKUM-GAMEZ, M D , JAMIE N \$ 36,621 BARTLETT M D , BRIAN N \$ 14,337 BENDOK M D , BERNARD R \$ 39,913 BERG, DAVID W \$ 0 BINN M D , MARTHA C \$ 4,054 BOLTON, JEFFREY W \$ 236,363 BRANDT, TERRY L \$ 16,030 BROWN M D , MICHAEL J \$ 45,372 BROWN, MARIE E \$ 13,312 BUNKERS M D , BRIAN E \$ 13,144 BUSKIRK M D , STEVEN J \$ 89,538 CANGEMI M D , JOHN R \$ 87,390 CASLER M D , JOHN D \$ 63,703 CAVINESS M D , JOHN N \$ 17,758 CHAPITAL M D , ALYSSA B \$ 49,015 CHONG M D , BRIAN W \$ 73,248 CIMA M D , ROBERT R \$ 46,206 CIOTA M D , MARK R \$ 53,260 COLLIER D P M , ROBERT L \$ 2,930 COOPER M D , LESLIE T \$ 88,407 COSTAKOS M D , DENNIS T \$ 43,218 CRANE M D , SARAH J \$ 8,646 CROSS III M D , WILLIAM W \$ 62,229 CULLINAN M D , SUSAN M \$ 16,111 DAHLEN, DENNIS E \$ 0 DECKER M D , WYATT W \$ 335,935 DEVAULT M D , KENNETH R \$ 98,181 DEWITT M D , JASON J \$ 9,159 DOUGLAS M D , DAVID D \$ 85,580 ECKSTROM M D , MICHAEL T \$ 75,665 EVERSMAN M D , WILLIAM G \$ 101,863 EZENAGU M D , LEONARD C \$ 21,061 FARRUGIA M D , GIANRICO \$ 231,323 FITZGERALD M D , KEVIN \$ 6,332 FONSECA M D , RAFAEL \$ 76,626 FOSKO M D , SCOTT W \$ 48,929 FOSS M D , RANDY M \$ 1,655 FOWL M D , RICHARD J \$ 79,122 FRANCIS, JAMES R \$ 30,966 FRASER, CATHRYN H \$ 44,465 FROISLAND, JEFFREY R \$ 10,089 GABRIELSON, SHARON R \$ 7,411 GADE, CHRIS W \$ 19,534 GOINS M D , JENNIFER L \$ 12,148 GORES M D , GREGORY J \$ 134,002 GOSTOUT M D , BOBBIE S \$ 192,963 GRAU M D , THOMAS J \$ 21,007 GREEN M D , JEFFREY P \$ 0 GRENISEN M D , MARGARET M \$ 8,170 GROSSET, JESSICA A \$ 16,890 GROVER D O , MICHAEL L \$ 1,593 GRZYBOWSKI M D , JOHN A \$ 9,220 HAEFLINGER, RICKY J \$ 22,848 HAKAIM M D , ALBERT G \$ 82,622 HANSEN, JULIE S \$ 0 HARA M D , AMY K \$ 79,653 HAROLD M D , KRISTI L \$ 47,965 HARPER JR, M D , CHARLES M \$ 234,791 HATTRUP M D , STEVEN J \$ 114,749 HAYDEN M D , RICHARD E \$ 75,667 HEBL M D , JAMES R \$ 57,892 HEILMAN M D , RAYMOND L \$ 27,812 HELMERS M D , RICHARD A \$ 83,466 HERRMANN M D , MARTIN J \$ 13,929 HINES M D , STEPHANIE L \$ 6,300 HIRISAVE KRISHNA M D , BIPINCHANDRA \$ 3,686 HOFFMAN III, HARRY N \$ 114,744 HOLTAN, DOUGLAS J \$ 11,413 HOLTZ M D , CAROL P \$ 597 HORECKI M D , RICHARD J \$ 6,370 HUBERT, SHERRY L \$ 5,850 JELINEK, DIANE F \$ 7,127 JOHNSON M D , C DANIEL \$ 104,664 JOHNSON M D , DANIEL J \$ 67,593 JOHNSON M D , MARGARET M \$ 58,733 JOHNSON M D , TIMOTHY J \$ 66,576 JOHNSON, PAMELA O \$ 39,619 KEAVENY M D , ANDREW P \$ 62,925 KHOOR M D , ANDRAS \$ 51,853 KIM M D , HYUN I \$ 32,827 KLEIS D O , KEITH R \$ 5,477 KNUDSON, STEVE L \$ 20,405 KOCH, MARK B \$ 72,991 KORDUCKI M D , JANE M \$ 7,896 KOWAL D O , GERALD K \$ 6,514 KRAHN M D , LOIS E \$ 38,995 KRIEN M D , JOSEPH S \$ 15,993 KRUSE, JOSEPH J \$ 12,706 KUTCHER M D , GREGORY R \$ 37,741 LANGBEHN D O , JENNIFER M \$ 11,434 LANGE M D , STEPHEN M \$ 72,828 LEIGHTON M D , JONATHAN A \$ 92,580 LIMBURG M D , PAUL J \$ 95,380 LIMPER M D , ANDREW H \$ 42,011 LINDAHL, ROGER A \$ 8,131 LITCHY M D , WILLIAM J \$ 17,758 LOCKETT, KEVIN M \$ 0 LOMBARDI M D , JOSEPH M \$ 10,743 LYONS M D , MARK K \$ 189,350 MAGTIBAY M D , PAUL M \$ 79,962 MATHEWS, HILARY G \$ 15,692 MCKINNEY M D , J MARK \$ 54,570 MCLAUGHLIN M D , SARAH A \$ 32,677 MCNEILL, STEVEN L \$ 37,540 MENKOSKY, PAULA E \$ 73,560 MESCHIA M D , JAMES F \$ 16,358 MEYER M D , FREDRIC B \$ 204,917 MEYERS, ANN M \$ 9,229 MILLER M D , ROBERT C \$ 84,778 MOLLING D O , PAUL E \$ 8,291 MONEY M D , SAMUEL R \$ 79,822 MORICE M D , WILLIAM G \$ 53,100 MORREY, MICHAEL A \$ 11,450 MORRIS M D , MARIE E \$ 16,136 MORRISSEY M D , JOHN E \$ 72,325 MOSS M D , ADYR A \$ 81,286 MUELLER M D , JEFF T \$ 64,053 MUELLER M D , PAUL S \$ 8,680 MURPHY, JOSHUA B \$ 82,716 MYHRE M D , KAREN K \$ 802 NARR M D , BRADLY J \$ 67,539 NELSON M D , HEIDI J \$ 97,550 NESSE M D , ROBERT E \$ 162,219 NOLTE D O , CHARLES P \$ 105,949 NORBY, MARK L \$ 0 NOSEWORTHY M D , JOHN H \$ 634,835 ORTIZ M D , JOSE A \$ 47,500 OTLEY M D , CLARK C \$ 142,019 OTTE, KIMBERLY K \$ 0 PAIGE SR , KEVIN A \$ 36,779 PARKS, DOUGLAS A \$ 0 PASCUAL M D , JORGE M \$ 47,395 PASTERNAK M D , MORRIS \$ 12,508 PATEL M B , TUSHAR C \$ 51,097 PEARSON M D , SUSAN E \$ 52,676 PECK M D , ROBERT C \$ 19,239 PETERSON M D , JEFFREY J \$ 73,886 PICHELMANN M D , MARK A \$ 104,764 POWELL III M D , RALPH S \$ 8,301 PRESUTTI D O , RICHARD J \$ 48,351 QUINONES-HINOJOSA M D , ALFREDO \$ 86,631 RADEMACHER M D , DANA E \$ 130,505 RIHAL M D , CHARANJIT S \$ 110,107 ROBELIA M D , PAUL M \$ 2,596 ROCK M D , MICHAEL G \$ 103,442 ROGERS, JAMES A \$ 27,300 ROSS, CHRISTOPHER J \$ 54,633 RUSHLOW M D , DAVID R \$ 35,912 RYAN, MICHAEL J \$ 36,667 SADOSTY M D , ANNIE T \$ 39,298 SANDEEN, DARRELL L \$ 17,799 SANTRACH M D , PAULA J \$ 42,393 SCHILD M D , STEVEN E \$ 85,338 SCHNEIDER, KENNETH J \$ 16,644 SCHULZ M D , JODI L \$ 11,507 SEINOLA, SCOTT A \$ 23,375 SHARMA M B B S , MANISH S \$ 23,622 SHERRILL, TODD E \$ 0 SILVERS M D , SCOTT M \$ 26,657 SIMPSON M D , HENRY J \$ 7,674 SIRVEN M D , JOSEPH I \$ 19,966</p>

Return Reference	Explanation
PART I, LINES 4A-C	<p>PART 1, LINE 4B (CONT) SMOLDT, CRAIG A \$ 8,400 SOLBERG M D , JEREMY J \$ 2,205 STEVENS M D , MARK K \$ 166,498 STEWART M D , MICHAEL W \$ 99,510 STONE M D , WILLIAM M \$ 101,737 SWANSON M D , SCOTT K \$ 76,373 TANER M D , BURCIN C \$ 43,793 TAZELAAR M D , HENRY D \$ 54,560 TERKONDA M D , SARVAM P \$ 84,417 THIEL M D , DAVID D \$ 36,506 TRAUB M D , STEPHEN J \$ 12,752 TRENTMAN M D , TERRANCE L \$ 67,922 ULRICH M D , MICHAEL D \$ 5,862 UY M D , JONATHAN J \$ 100,973 WALD M D , JOHN T \$ 96,264 WALDHOFF, STEPHEN C \$ 4,928 WEBER, JOAN A \$ 20,463 WHAREN M D , ROBERT E \$ 192,775 WHITED M D , BRIAN L \$ 48,987 WIECHMANN M D , ROBERT J \$ 133,484 WILLIAMS M D , AMY W \$ 73,924 WILLIAMS M D , HUGH J \$ 92,524 WILLIAMSON, MARY J \$ 76,791 YOUNG D O , NATHAN P \$ 3,775 YTTERBERG M D , KAREN L \$ 824 ZIETLOW M D , SCOTT P \$ 63,953 ZIMMERMAN M D , RICHARD S \$ 194,950 ZORN, CHRISTINA K \$ 55,170 UNDER MAYO CLINIC'S ROYALTY SHARING POLICY, INVENTORS, INCLUDING LISTED PERSONS, ARE ENTITLED TO SHARE IN A PORTION OF ROYALTIES RECEIVED BY MAYO INCLUDING INSTANCES WHERE SUCH ROYALTIES ARE IN THE FORM OF EQUITY-BASED INSTRUMENTS SUCH AS STOCK, WARRANTS, OR PARTNERSHIP INTERESTS THE FOLLOWING INDIVIDUALS PARTICIPATED IN AN EQUITY-BASED COMPENSATION ARRANGEMENT BENDOK M D , BERNARD R LEBRASSEUR, PH D , NATHAN K FARRUGIA M D , GIANRICO GUDGELL, STEPHEN F PRESUTTI D O , RICHARD J FEHMI, RASHID A TANER M D , BURCIN C</p>

Return Reference	Explanation
PART II	COMPENSATION PAID TO BOARD MEMBERS IS PRIMARILY FOR PROFESSIONAL RESPONSIBILITIES AS PHYSICIANS, ADMINISTRATORS, OR EMPLOYEES OF THE ORGANIZATION



Additional Data

Software ID:  
Software Version:  
EIN: 38-3952644  
Name: MAYO CLINIC GROUP RETURN

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ABENSTEIN MD JOHN P DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	501,153	0	63,370	35,944	22,914	623,381	0
ACKERMAN FRANKLIN K DIR/ASSOC ADMINISTRATOR/FORMER KEY	(i)	294,414	0	2,863	41,358	26,470	365,105	0
	(ii)	0	0	0	0	0	0	0
ADLEMAN BREEANN M DIRECTOR/ASSISTANT SECRETARY	(i)	242,833	0	2,711	29,999	30,879	306,422	0
	(ii)	0	0	0	0	0	0	0
ANDREWS MD PAUL E DIRECTOR/VICE CHAIR	(i)	618,482	0	96,937	50,948	30,103	796,470	0
	(ii)	0	0	0	0	0	0	0
ANIL MD GOKHAN DIRECTOR	(i)	679,264	15,000	41,731	32,311	29,007	797,313	0
	(ii)	0	0	0	0	0	0	0
BAKKUM-GAMEZ MD JAMIE N DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	566,067	0	37,411	36,119	18,871	658,468	0
BINN MD MARTHA C DIRECTOR	(i)	302,914	577	4,484	33,387	25,267	366,629	0
	(ii)	0	0	0	0	0	0	0
BOLTON JEFFREY W DIRECTOR/CAO	(i)	1,288,474	0	252,575	57,376	22,661	1,621,086	0
	(ii)	0	0	0	0	0	0	0
BRANDT TERRY L DIRECTOR/SECY/REG CHAIR ADMIN SWMN	(i)	0	0	0	0	0	0	0
	(ii)	349,273	0	20,550	11,029	19,849	400,701	0
BROWN MD MICHAEL J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	502,307	0	57,585	36,398	28,906	625,196	0
BUNKERS MD BRIAN E DIRECTOR/VICE CHAIR	(i)	427,352	0	15,620	52,204	27,134	522,310	0
	(ii)	0	0	0	0	0	0	0
BUSKIRK MD STEVEN J DIRECTOR/VICE CHAIR	(i)	625,669	0	99,049	11,005	23,235	758,958	0
	(ii)	0	0	0	0	0	0	0
CANGEMI MD JOHN R DIRECTOR	(i)	602,435	0	96,124	11,005	22,168	731,732	0
	(ii)	0	0	0	0	0	0	0
CASLER MD JOHN D DIRECTOR	(i)	542,791	0	70,364	55,067	22,080	690,302	0
	(ii)	0	0	0	0	0	0	0
CAVINESS MD JOHN N DIRECTOR	(i)	355,595	0	20,027	51,072	29,285	455,979	0
	(ii)	0	0	0	0	0	0	0
CHAPITAL MD ALYSSA B DIRECTOR	(i)	542,992	0	50,210	42,022	19,013	654,237	0
	(ii)	0	0	0	0	0	0	0
CIMA MD ROBERT R DIRECTOR/CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	506,155	0	53,118	43,248	25,670	628,191	0
CIOTA MD MARK R DIRECTOR	(i)	847,550	0	58,033	50,557	28,583	984,723	0
	(ii)	0	0	0	0	0	0	0
CONNOLLY TERESA L DIRECTOR	(i)	268,162	0	905	42,169	19,166	330,402	0
	(ii)	0	0	0	0	0	0	0
COOPER MD LESLIE T DIRECTOR	(i)	609,524	0	116,131	46,606	29,516	801,777	0
	(ii)	0	0	0	0	0	0	0



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
COSTAKOS MD DENNIS T DIRECTOR	(i)	386,133	0	47,451	54,953	15,879	504,416	0
	(ii)	0	0	0	0	0	0	0
CRAIG JASON E DIR/VP/SECY/VICE CHAIR ADMIN	(i)	210,616	0	813	19,826	21,500	252,755	0
	(ii)	0	0	0	0	0	0	0
CRANE MD SARAH J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	388,747	0	15,986	37,281	25,186	467,200	0
CROCKETT ERIC D DIR/CAO SEMN/SECY/REG CHAIR SEMN	(i)	0	0	0	0	0	0	0
	(ii)	251,081	0	2,205	33,435	27,153	313,874	0
CROSS III MD WILLIAM W DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	721,023	0	67,601	37,338	27,769	853,731	0
DAHLEN DENNIS E DIRECTOR/VICE PRESIDENT/TREASURER	(i)	1,057,642	0	8,679	5,500	28,318	1,100,139	0
	(ii)	0	0	0	0	0	0	0
DECKER MD WYATT W DIRECTOR/CHAIR/VP OPERATIONS	(i)	1,688,971	0	347,495	47,541	31,679	2,115,686	0
	(ii)	0	0	0	0	0	0	0
DEVULT MD KENNETH R DIRECTOR	(i)	665,769	0	112,584	49,379	29,094	856,826	0
	(ii)	0	0	0	0	0	0	0
DIETER HEIDI L DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	232,943	0	1,319	35,258	19,323	288,843	0
DRUCKER PAUL E DIRECTOR/VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	170,242	0	9,378	24,088	32,349	236,057	0
EBERLE MICHELE R DIRECTOR/FORMER KEY EMPLOYEE	(i)	200,380	0	2,970	26,998	8,855	239,203	0
	(ii)	0	0	0	0	0	0	0
ENQUIST MARK A DIRECTOR/SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	192,314	0	2,775	7,530	19,375	221,994	0
ERICKSON ERIC B DIRECTOR	(i)	258,538	0	8,460	41,391	8,700	317,089	0
	(ii)	0	0	0	0	0	0	0
EVENSON LAURA K DIRECTOR	(i)	202,598	0	1,487	24,570	27,561	256,216	0
	(ii)	0	0	0	0	0	0	0
EZENAGU MD LEONARD C DIRECTOR/SECRETARY	(i)	419,878	0	23,407	54,326	37,601	535,212	0
	(ii)	0	0	0	0	0	0	0
FARRUGIA MD GIANRICO DIRECTOR/CHAIR/VP OPERATIONS	(i)	1,568,238	0	267,900	44,554	30,267	1,910,959	0
	(ii)	0	0	0	0	0	0	0
FITZGERALD MD KEVIN DIRECTOR	(i)	310,351	0	7,023	38,654	23,622	379,650	0
	(ii)	0	0	0	0	0	0	0
FONSECA MD RAFAEL DIRECTOR	(i)	519,608	0	129,281	42,672	34,891	726,452	0
	(ii)	0	0	0	0	0	0	0
FOSS MD RANDY M DIRECTOR/VICE CHAIR	(i)	365,391	0	1,942	24,971	30,128	422,432	0
	(ii)	0	0	0	0	0	0	0
FRANCIS JAMES R DIRECTOR/ASSISTANT TREASURER	(i)	417,853	0	35,591	52,285	29,689	535,418	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FRATZKE JASON J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	226,118	0	1,104	30,121	26,262	283,605	0
FREDERICK RYANNON K DIRECTOR/FORMER KEY EMPLOYEE	(i)	240,395	0	340	28,247	26,387	295,369	0
	(ii)	0	0	0	0	0	0	0
FROISLAND JEFFREY R DIR/TREASURER/ASSISTANT TREASURER	(i)	325,617	0	11,959	32,911	10,513	381,000	0
	(ii)	0	0	0	0	0	0	0
GLENN SEAN W DIRECTOR/ASSISTANT SECRETARY	(i)	241,150	0	1,140	31,669	27,726	301,685	0
	(ii)	0	0	0	0	0	0	0
GORES MD GREGORY J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	872,578	0	145,054	11,019	24,035	1,052,686	0
GOSTOUT MD BOBBIE S DIR/VP OPERATIONS/VICE CHAIR	(i)	1,264,558	0	207,719	63,032	29,396	1,564,705	0
	(ii)	0	0	0	0	0	0	0
GRAU MD THOMAS J DIRECTOR	(i)	306,244	0	26,857	8,343	17,595	359,039	0
	(ii)	0	0	0	0	0	0	0
GRENISEN MD MARGARET M DIRECTOR	(i)	269,800	0	11,121	47,484	22,837	351,242	0
	(ii)	0	0	0	0	0	0	0
HAGER NICKIJO L DIRECTOR	(i)	180,636	0	3,787	28,514	8,336	221,273	0
	(ii)	0	0	0	0	0	0	0
HAKAIM MD ALBERT G DIRECTOR	(i)	598,810	0	91,393	57,637	27,388	775,228	0
	(ii)	0	0	0	0	0	0	0
HANSEN JULIE S DIR/TREAS/CFO WI/SECY/FORMER OFFICER	(i)	273,352	0	80,367	24,905	27,001	405,625	0
	(ii)	0	0	0	0	0	0	0
HARA MD AMY K DIRECTOR	(i)	684,595	0	81,170	39,379	30,811	835,955	0
	(ii)	0	0	0	0	0	0	0
HARPER JR MD CHARLES M DIRECTOR/VICE CHAIR/PHYSICIAN	(i)	1,190,939	0	249,763	11,005	22,366	1,474,073	0
	(ii)	0	0	0	0	0	0	0
HEBL MD JAMES R DIRECTOR/PRESIDENT/CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	603,301	0	84,299	37,634	27,418	752,652	0
HEILMAN MD RAYMOND L DIRECTOR	(i)	399,620	0	34,832	11,005	20,006	465,463	0
	(ii)	0	0	0	0	0	0	0
HELMERS MD RICHARD A DIR/PRESIDENT/CHAIR/REGIONAL VP-NWWI	(i)	0	0	0	0	0	0	0
	(ii)	620,770	0	91,104	62,484	21,669	796,027	0
HERRMANN MD MARTIN J DIRECTOR	(i)	344,683	0	15,618	46,555	26,729	433,585	0
	(ii)	0	0	0	0	0	0	0
HINES MD STEPHANIE L DIRECTOR	(i)	317,158	0	7,003	36,917	26,538	387,616	0
	(ii)	0	0	0	0	0	0	0
HOLST TANNER T DIRECTOR	(i)	208,702	0	680	21,995	23,102	254,479	0
	(ii)	0	0	0	0	0	0	0
HOLTAN DOUGLAS J DIRECTOR/CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	333,793	0	13,250	30,846	29,462	407,351	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HOLTZ MD CAROL P DIRECTOR/SECRETARY/TREASURER	(i)	122,001	0	859	2,441	869	126,170	0
	(ii)	157,910	0	5,841	36,154	2,992	202,897	0
HUGHES PETER R DIRECTOR	(i)	134,494	0	38,257	3,871	9,054	185,676	0
	(ii)	0	0	0	0	0	0	0
JELINEK DIANE F DIRECTOR	(i)	302,253	0	21,640	61,124	9,846	394,863	0
	(ii)	0	0	0	0	0	0	0
JOHNSON MD MARGARET M DIRECTOR	(i)	501,028	0	63,492	47,137	20,299	631,956	0
	(ii)	0	0	0	0	0	0	0
JOHNSON MD TIMOTHY J DIRECTOR/CHAIR/PRESIDENT	(i)	522,793	0	72,914	60,048	16,353	672,108	0
	(ii)	0	0	0	0	0	0	0
JOHNSON PAMELA O DIRECTOR	(i)	457,179	0	45,308	11,026	10,695	524,208	0
	(ii)	0	0	0	0	0	0	0
KIM MD HYUN I DIRECTOR/VICE CHAIR	(i)	449,826	0	35,400	49,636	27,007	561,869	0
	(ii)	0	0	0	0	0	0	0
KLIMP MARY J DIR/VICE CHAIR ADMIN	(i)	241,343	0	9,096	45,924	17,338	313,701	0
	(ii)	0	0	0	0	0	0	0
KNUDSON STEVE L DIRECTOR	(i)	362,913	0	24,898	11,017	25,542	424,370	0
	(ii)	0	0	0	0	0	0	0
KORDUCKI MD JANE M DIRECTOR	(i)	304,281	0	11,391	56,875	25,275	397,822	0
	(ii)	0	0	0	0	0	0	0
KRAHN MD LOIS E DIRECTOR/VICE CHAIR	(i)	412,526	50,000	62,647	47,996	25,434	598,603	0
	(ii)	0	0	0	0	0	0	0
KRIEN MD JOSEPH S DIRECTOR	(i)	355,959	0	23,731	41,800	30,868	452,358	0
	(ii)	0	0	0	0	0	0	0
KRUSE JOSEPH J DIR/VP/REG CHAIR-ADMIN SWWI	(i)	322,386	0	28,029	58,160	16,861	425,436	0
	(ii)	0	0	0	0	0	0	0
LANGBEHN DO JENNIFER M DIRECTOR	(i)	365,054	0	12,509	47,174	24,325	449,062	0
	(ii)	0	0	0	0	0	0	0
LANZEL TRICIA G DIRECTOR/VICE CHAIR	(i)	138,470	0	655	15,460	23,147	177,732	0
	(ii)	0	0	0	0	0	0	0
LEBRASSEUR NATHAN K DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	193,945	0	1,026	25,105	26,187	246,263	0
LEIGHTON MD JONATHAN A DIRECTOR	(i)	623,298	0	121,186	60,797	29,775	835,056	0
	(ii)	0	0	0	0	0	0	0
LIMBURG MD PAUL J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	624,980	0	119,007	43,878	28,302	816,167	0
LIMPER MD ANDREW H DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	448,066	0	62,685	50,916	27,001	588,668	0
LINDAHL ROGER A DIRECTOR/ASST SECY/ASST TREAS	(i)	302,509	0	11,777	53,353	28,323	395,962	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LINDBERG STEVEN J DIRECTOR/VICE PRESIDENT/SECRETARY	(i)	253,770	0	3,645	46,250	15,535	319,200	0
	(ii)	0	0	0	0	0	0	0
LOCKETT KEVIN M DIRECTOR/TREASURER	(i)	274,422	0	1,556	42,213	26,412	344,603	0
	(ii)	0	0	0	0	0	0	0
LONG AMY K DIRECTOR/FORMER KEY EMPLOYEE	(i)	169,514	0	426	13,415	21,268	204,623	0
	(ii)	0	0	0	0	0	0	0
MATTHIAS MARK A DIRECTOR/ASSISTANT TREASURER	(i)	265,746	0	1,768	44,907	26,903	339,324	0
	(ii)	0	0	0	0	0	0	0
MCLAUGHLIN MD SARAH A DIRECTOR	(i)	545,968	0	34,036	31,978	6,838	618,820	0
	(ii)	0	0	0	0	0	0	0
MENKOSKY PAULA E DIR/SECRETARY/ASSISTANT TREASURER	(i)	658,784	0	76,374	47,346	27,589	810,093	0
	(ii)	0	0	0	0	0	0	0
MEYER MD FREDRIC B DIRECTOR/PHYSICIAN	(i)	1,076,112	0	217,626	11,019	31,827	1,336,584	0
	(ii)	0	0	0	0	0	0	0
MEYERS ANN M DIRECTOR/FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	322,274	0	10,916	32,238	19,770	385,198	0
MOLLING DO PAUL E DIRECTOR	(i)	316,481	0	10,189	35,746	21,020	383,436	0
	(ii)	0	0	0	0	0	0	0
MORICE MD WILLIAM G DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	553,990	0	63,897	42,579	27,298	687,764	0
MORREY MICHAEL A DIR/REGIONAL CHAIR-ADMIN NWWI	(i)	0	0	0	0	0	0	0
	(ii)	359,922	0	12,643	35,484	26,483	434,532	0
MORRIS MD MARIE E DIRECTOR/CHAIR	(i)	324,564	0	19,701	54,526	25,125	423,916	0
	(ii)	0	0	0	0	0	0	0
MUELLER MD PAUL S DIRECTOR/CHAIR/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	395,981	15,000	95,490	47,087	25,332	578,890	0
MYHRE MD KAREN K DIRECTOR/VICE CHAIR	(i)	291,739	0	1,436	41,190	34,751	369,116	0
	(ii)	0	0	0	0	0	0	0
NARR MD BRADLY J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	487,997	0	111,669	11,005	22,977	633,648	0
NELSON MD HEIDI DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	645,296	0	115,864	68,509	19,416	849,085	0
NOEL AMY J DIRECTOR	(i)	251,664	0	5,487	47,579	20,858	325,588	0
	(ii)	0	0	0	0	0	0	0
NOSEWORTHY MD JOHN H DIRECTOR/CEO/PRESIDENT	(i)	2,733,672	0	683,104	8,938	26,923	3,452,637	0
	(ii)	0	0	0	0	0	0	0
ORTIZ MD JOSE A DIRECTOR	(i)	762,199	0	51,864	51,234	39,758	905,055	0
	(ii)	0	0	0	0	0	0	0
OTLEY MD CLARK C DIRECTOR/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	795,270	0	170,305	44,186	30,636	1,040,397	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PARKER PHD ALEXANDER S DIRECTOR	(i)	196,990	0	7,687	33,321	18,675	256,673	0
	(ii)	0	0	0	0	0	0	0
PARKS DOUGLAS A DIR/CAO SEMN/SECY/REG CHAIR SEMN	(i)	0	0	0	0	0	0	0
	(ii)	272,556	0	2,158	41,557	29,032	345,303	0
PASCUAL MD JORGE M DIRECTOR	(i)	461,043	0	53,896	54,126	29,601	598,666	0
	(ii)	0	0	0	0	0	0	0
PATEL MB TUSHAR C DIRECTOR	(i)	657,824	0	53,302	46,454	26,631	784,211	0
	(ii)	0	0	0	0	0	0	0
PEARSON MD SUSAN E DIRECTOR/VICE CHAIR	(i)	653,692	0	56,430	55,361	22,026	787,509	0
	(ii)	0	0	0	0	0	0	0
PECK MD ROBERT C DIRECTOR	(i)	421,751	0	24,005	55,847	25,334	526,937	0
	(ii)	0	0	0	0	0	0	0
POE JOHN D DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	241,920	0	1,716	35,219	24,876	303,731	0
POWELL III MD RALPH DIRECTOR	(i)	463,937	0	9,303	39,604	25,555	538,399	0
	(ii)	0	0	0	0	0	0	0
QUINONES-HINOJOSA MD ALFREDO DIRECTOR	(i)	1,226,816	0	90,683	42,872	29,225	1,389,596	0
	(ii)	0	0	0	0	0	0	0
RIHAL MD CHARANJIT S DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	645,715	0	156,665	49,241	30,551	882,172	0
ROBELIA MD PAUL M DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	295,830	0	3,730	40,635	28,501	368,696	0
ROGERS JAMES A DIRECTOR/ASSISTANT SECRETARY	(i)	445,201	0	29,397	40,054	26,945	541,597	0
	(ii)	0	0	0	0	0	0	0
RUSHLOW MD DAVID R DIRECTOR	(i)	421,455	0	37,342	45,102	25,913	529,812	0
	(ii)	0	0	0	0	0	0	0
RUSTAD CHRISTOPHER D DIRECTOR/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	173,339	0	1,186	11,572	11,556	197,653	0
SADOSTY MD ANNIE T DIR/CHAIR/REGIONAL VP SEM N	(i)	0	0	0	0	0	0	0
	(ii)	557,697	0	42,058	39,879	27,259	666,893	0
SANDGREN KENT A DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	221,223	0	3,637	8,968	20,115	253,943	0
SANTRACH MD PAULA J DIRECTOR/VICE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	463,412	0	48,476	65,289	11,104	588,281	0
SCHNEIDER KENNETH J DIRECTOR/FORMER OFFICER	(i)	231,908	0	198,903	9,502	14,096	454,409	0
	(ii)	0	0	0	0	0	0	0
SEINOLA SCOTT A DIRECTOR/CEO/PRESIDENT	(i)	391,248	0	25,605	11,099	19,975	447,927	0
	(ii)	0	0	0	0	0	0	0
SHARMA MBBS MANISH S DIRECTOR	(i)	837,470	0	24,785	38,282	27,779	928,316	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SMOLDT CRAIG A DIRECTOR/FORMER KEY EMPLOYEE	(i)	306,285	0	28,195	0	9,839	344,319	0
	(ii)	0	0	0	0	0	0	0
STONE MD WILLIAM M DIRECTOR	(i)	631,104	0	156,039	55,390	19,463	861,996	0
	(ii)	0	0	0	0	0	0	0
TANER MD BURCIN C DIRECTOR	(i)	626,211	0	45,774	39,092	27,491	738,568	0
	(ii)	0	0	0	0	0	0	0
THORESON SCOTT D DIR/ADMINISTRATOR	(i)	226,049	0	3,213	41,155	25,566	295,983	0
	(ii)	0	0	0	0	0	0	0
WALD MD JOHN T DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	651,950	0	99,980	50,369	27,548	829,847	0
WEBER JOAN A DIRECTOR	(i)	365,017	0	23,226	49,559	18,540	456,342	0
	(ii)	0	0	0	0	0	0	0
WEIS CAROL DIRECTOR	(i)	169,317	0	3,540	29,665	14,727	217,249	0
	(ii)	0	0	0	0	0	0	0
WHITED MD BRIAN L DIRECTOR/CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	542,170	0	52,792	53,025	23,072	671,059	0
WILLIAMS MD AMY W DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	553,413	0	95,708	58,358	6,888	714,367	0
WILLIAMSON MARY J DIR/SEC/ASST SEC/CAO MCHS/FORM KEY	(i)	0	0	0	0	0	0	0
	(ii)	718,318	0	79,194	38,148	27,769	863,429	0
YTTERBERG MD KAREN L DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	131,109	0	18,857	3,108	2,848	155,922	0
ZIETLOW MD SCOTT P DIRECTOR/CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	536,744	0	69,968	53,478	27,510	687,700	0
ZIMMERMAN MD RICHARD S DIRECTOR	(i)	1,005,230	0	221,688	53,395	31,280	1,311,593	0
	(ii)	0	0	0	0	0	0	0
ZORN CHRISTINA K DIR/SECRETARY/ASSISTANT TREASURER	(i)	630,573	0	56,557	36,070	27,504	750,704	0
	(ii)	0	0	0	0	0	0	0
BROWN WILLIAM A ASSISTANT SECRETARY/FORMER OFFICER	(i)	246,260	0	4,870	10,046	22,095	283,271	0
	(ii)	0	0	0	0	0	0	0
ESTES DANIEL D ASSISTANT TREASURER	(i)	171,311	0	4,033	47,261	14,495	237,100	0
	(ii)	0	0	0	0	0	0	0
FEHMI RASHID A TREASURER	(i)	129,058	0	10,575	21,495	15,442	176,570	0
	(ii)	0	0	0	0	0	0	0
FENNELL THOMAS J ASSISTANT SECRETARY	(i)	119,112	0	8,422	17,800	18,054	163,388	0
	(ii)	0	0	0	0	0	0	0
GABRIELSON SHARON R ASSISTANT TREASURER	(i)	312,760	0	9,209	50,802	21,222	393,993	0
	(ii)	0	0	0	0	0	0	0
GALINDEZ JR PETER ASSISTANT SECRETARY/FORMER OFFICER	(i)	247,730	0	840	38,815	29,329	316,714	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GOLDMAN DANIEL S ASSISTANT SECRETARY	(i)	221,480	0	12,300	38,130	26,570	298,480	0
	(ii)	0	0	0	0	0	0	0
GUDGELL STEPHEN F TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	233,242	0	2,689	9,462	19,499	264,892	0
HAEFLINGER RICKY J FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	369,008	165,955	27,149	59,190	20,409	641,711	165,955
HOFFMAN III HARRY N TREASURER	(i)	743,706	384,767	123,662	60,655	22,633	1,335,423	384,767
	(ii)	0	0	0	0	0	0	0
HUBERT SHERRY L ASSISTANT SECRETARY	(i)	304,845	0	8,171	48,230	26,522	387,768	0
	(ii)	0	0	0	0	0	0	0
JOHNSON CARLA J ASSISTANT SECRETARY	(i)	181,554	0	1,002	20,618	17,120	220,294	0
	(ii)	0	0	0	0	0	0	0
LOHKAMP CHRISTIE A ASSISTANT TREASURER	(i)	247,950	0	960	41,197	11,657	301,764	0
	(ii)	0	0	0	0	0	0	0
MELVIN KEVIN B ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	231,670	0	1,453	30,240	31,318	294,681	0
MURPHY JOSHUA B SECRETARY/ASSISTANT SECRETARY	(i)	819,403	0	86,227	42,427	31,074	979,131	0
	(ii)	0	0	0	0	0	0	0
NORDRUM CHARLOTTE J TREAS/ASSISTANT TREAS/CFO-MN	(i)	259,663	15,000	13,304	34,425	27,828	350,220	0
	(ii)	0	0	0	0	0	0	0
OTTE KIMBERLY K ASSISTANT SECRETARY	(i)	300,044	0	1,607	45,205	26,481	373,337	0
	(ii)	0	0	0	0	0	0	0
PRIEST WILLIAM F SECRETARY	(i)	191,487	0	12,437	31,606	25,418	260,948	0
	(ii)	0	0	0	0	0	0	0
SANDEEN DARRELL L ASSISTANT TREASURER/FORMER OFFICER	(i)	337,714	0	30,575	50,502	10,485	429,276	0
	(ii)	0	0	0	0	0	0	0
SHERRILL TODD E CFO MCHS/TREASURER	(i)	347,674	0	1,987	5,500	19,823	374,984	0
	(ii)	0	0	0	0	0	0	0
BARTLETT MD BRIAN N PHYSICIAN	(i)	562,774	0	15,020	32,877	25,106	635,777	0
	(ii)	0	0	0	0	0	0	0
BERG DAVID W ASSOC ADMIN - MCHS SEMN	(i)	269,429	0	1,566	52,710	29,197	352,902	0
	(ii)	0	0	0	0	0	0	0
CULLINAN MD SUSAN M PHYSICIAN	(i)	412,901	0	18,361	51,956	33,423	516,641	0
	(ii)	0	0	0	0	0	0	0
DEGEN SUSANNE C VICE CHAIR ADMINISTRATION	(i)	208,296	0	7,492	28,013	16,742	260,543	0
	(ii)	0	0	0	0	0	0	0
DEWITT MD JASON J PHYSICIAN	(i)	492,890	0	9,814	35,241	21,704	559,649	0
	(ii)	0	0	0	0	0	0	0
FRASER CATHRYN H CHIEF HUMAN RESOURCES OFFICER	(i)	755,054	0	46,998	55,570	26,825	884,447	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HANSEN GAYLE B VICE CHAIR ADMIN/FORMER KEY EMPLOYEE	(i)	269,215	0	5,829	54,056	16,491	345,591	0
	(ii)	0	0	0	0	0	0	0
HANSON VICTORIA M VICE CHAIR ADMINISTRATION	(i)	214,866	0	698	30,993	28,237	274,794	0
	(ii)	0	0	0	0	0	0	0
HIRISAVE KRISHNA MD BIPINCHANDRA PHYSICIAN	(i)	349,217	0	4,071	33,207	26,487	412,982	0
	(ii)	0	0	0	0	0	0	0
JOHNSON MD DANIEL J PHYSICIAN	(i)	540,147	0	84,743	60,047	27,242	712,179	0
	(ii)	0	0	0	0	0	0	0
KHOOR MD ANDRAS PHYSICIAN	(i)	466,073	0	61,737	54,722	10,321	592,853	0
	(ii)	0	0	0	0	0	0	0
KOWAL DO GERALD K PHYSICIAN	(i)	320,287	0	10,143	53,641	17,750	401,821	0
	(ii)	0	0	0	0	0	0	0
MCKINNEY MD J MARK PHYSICIAN	(i)	670,764	0	59,004	49,018	30,181	808,967	0
	(ii)	0	0	0	0	0	0	0
MOSS MD ADYR A PHYSICIAN	(i)	597,606	0	85,295	46,278	27,649	756,828	0
	(ii)	0	0	0	0	0	0	0
PETERSON MD JEFFREY J PHYSICIAN	(i)	665,593	0	75,947	35,027	10,891	787,458	0
	(ii)	0	0	0	0	0	0	0
PRESUTTI DO RICHARD J PHYSICIAN	(i)	382,039	0	83,460	43,579	28,863	537,941	0
	(ii)	0	0	0	0	0	0	0
ROSS CHRISTOPHER J CIO	(i)	705,461	0	59,640	51,334	19,546	835,981	0
	(ii)	0	0	0	0	0	0	0
SILVERS MD SCOTT M PHYSICIAN	(i)	406,060	0	33,163	36,435	34,439	510,097	0
	(ii)	0	0	0	0	0	0	0
SIMPSON MD HENRY J PHYSICIAN	(i)	329,725	0	9,571	53,217	16,225	408,738	0
	(ii)	0	0	0	0	0	0	0
TAZELAAR MD HENRY D PHYSICIAN	(i)	490,212	0	71,271	35,472	22,863	619,818	0
	(ii)	0	0	0	0	0	0	0
THIEL MD DAVID D PHYSICIAN	(i)	563,050	0	37,294	34,021	27,300	661,665	0
	(ii)	0	0	0	0	0	0	0
THIEMANN KAY M ASSOCIATE ADMINISTRATOR	(i)	220,363	0	904	21,241	28,602	271,110	0
	(ii)	0	0	0	0	0	0	0
TRAUB MD STEPHEN J PHYSICIAN	(i)	417,425	0	14,147	42,319	29,693	503,584	0
	(ii)	0	0	0	0	0	0	0
TRENTMAN MD TERRANCE L PHYSICIAN	(i)	515,750	0	83,425	48,674	29,697	677,546	0
	(ii)	0	0	0	0	0	0	0
WHITE PAMELA K CHIEF NURSING OFFICER	(i)	245,179	0	3,547	39,601	17,416	305,743	0
	(ii)	0	0	0	0	0	0	0
ZWYGART AMY M VICE CHAIR NURSING	(i)	251,097	0	843	9,029	9,769	270,738	0
	(ii)	0	0	0	0	0	0	0



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BENDOK MD BERNARD R PHYSICIAN	(i)	1,157,743	0	46,096	41,072	29,297	1,274,208	0
	(ii)	0	0	0	0	0	0	0
LYONS MD MARK K PHYSICIAN	(i)	991,821	0	205,418	50,367	28,860	1,276,466	0
	(ii)	0	0	0	0	0	0	0
PICHELMANN MD MARK A PHYSICIAN	(i)	1,106,690	0	107,741	35,478	27,484	1,277,393	0
	(ii)	0	0	0	0	0	0	0
WHAREN MD ROBERT E PHYSICIAN	(i)	1,015,594	0	224,163	11,000	23,891	1,274,648	0
	(ii)	0	0	0	0	0	0	0
WIECHMANN MD ROBERT J PHYSICIAN	(i)	1,177,291	0	140,788	53,264	28,040	1,399,383	0
	(ii)	0	0	0	0	0	0	0
ADKINS JR KEDRICK D FORMER OFFICER	(i)	42,408	0	543,392	1,321	869	587,990	0
	(ii)	0	0	0	0	0	0	0
AGERTER MD DAVID C FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	454,016	0	132,000	11,000	20,310	617,326	0
BROWN MARIE E FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	206,262	0	20,372	8,405	12,475	247,514	0
BROWN MICHAEL E FORMER OFFICER	(i)	223,988	0	11,722	38,676	9,610	283,996	0
	(ii)	0	0	0	0	0	0	0
GREEN MD JEFFREY P FORMER OFFICER	(i)	276,639	0	931	40,716	26,701	344,987	0
	(ii)	0	0	0	0	0	0	0
HORECKI MD RICHARD J FORMER OFFICER	(i)	323,943	0	8,242	54,218	29,565	415,968	0
	(ii)	0	0	0	0	0	0	0
KOCH MARK B FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	530,237	0	120,321	11,071	10,461	672,090	0
KUTCHER MD GREGORY R FORMER OFFICER	(i)	346,135	0	41,803	60,320	18,374	466,632	0
	(ii)	0	0	0	0	0	0	0
LANGE MD STEPHEN M FORMER OFFICER	(i)	406,885	0	92,319	11,000	27,873	538,077	0
	(ii)	0	0	0	0	0	0	0
LITCHY MD WILLIAM J FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	337,405	0	55,607	30,456	21,861	445,329	0
MATHEWS HILARY G FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	344,787	0	19,569	63,997	28,202	456,555	0
MILLER MD ROBERT C FORMER OFFICER	(i)	592,506	0	94,380	47,324	27,415	761,625	0
	(ii)	0	0	0	0	0	0	0
PAIGE SR KEVIN A FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	434,985	0	53,518	62,477	20,077	571,057	0
PASTERNAK MD MORRIS FORMER OFFICER	(i)	267,395	0	17,668	5,742	17,694	308,499	0
	(ii)	0	0	0	0	0	0	0
ROCK MD MICHAEL G FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	189,471	0	110,073	5,794	6,761	312,099	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SAATHOFF BARBARA L FORMER OFFICER	(i)	221,048	0	2,511	45,830	22,702	292,091	0
	(ii)	0	0	0	0	0	0	0
SOLBERG MD JEREMY J FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	295,203	0	2,858	33,758	25,260	357,079	0
TIGGELAAR THOMAS H FORMER OFFICER	(i)	268,036	0	3,051	53,542	16,652	341,281	0
	(ii)	0	0	0	0	0	0	0
WALDHOFF STEPHEN C FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	85,536	0	20,034	3,689	5,079	114,338	0
CASEY MICHAEL A FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	165,922	0	2,141	28,820	24,647	221,530	0
CHONG MD BRIAN W FORMER KEY EMPLOYEE	(i)	650,230	0	82,186	48,458	29,116	809,990	0
	(ii)	0	0	0	0	0	0	0
COLLIER DPM ROBERT L FORMER KEY EMPLOYEE	(i)	311,391	0	4,016	47,478	21,042	383,927	0
	(ii)	0	0	0	0	0	0	0
DILLON KEVIN R FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	244,421	0	2,878	44,859	24,886	317,044	0
DOUGLAS MD DAVID D FORMER KEY EMPLOYEE	(i)	607,221	0	100,104	50,363	30,217	787,905	0
	(ii)	0	0	0	0	0	0	0
ECKSTROM MD MICHAEL T FORMER KEY EMPLOYEE	(i)	1,068,823	0	79,268	46,957	25,566	1,220,614	0
	(ii)	0	0	0	0	0	0	0
EIDE DEAN B FORMER KEY EMPLOYEE	(i)	211,086	0	1,557	32,912	3,528	249,083	0
	(ii)	0	0	0	0	0	0	0
EVERSMAN MD WILLIAM G FORMER KEY EMPLOYEE	(i)	650,790	0	130,761	11,038	28,759	821,348	0
	(ii)	0	0	0	0	0	0	0
FISCHER DEBORAH R FORMER KEY EMPLOYEE	(i)	212,625	0	8,453	38,156	14,644	273,878	0
	(ii)	0	0	0	0	0	0	0
FOSKO MD SCOTT W FORMER KEY EMPLOYEE	(i)	800,561	0	53,578	59,274	22,915	936,328	0
	(ii)	0	0	0	0	0	0	0
FOWL MD RICHARD J FORMER KEY EMPLOYEE	(i)	209,252	0	93,622	60,754	8,486	372,114	0
	(ii)	0	0	0	0	0	0	0
GADE CHRIS W FORMER KEY EMPLOYEE	(i)	359,418	0	21,648	40,029	31,166	452,261	0
	(ii)	0	0	0	0	0	0	0
GOINS MD JENNIFER L FORMER KEY EMPLOYEE	(i)	544,716	0	12,716	34,565	22,102	614,099	0
	(ii)	0	0	0	0	0	0	0
GROSSET JESSICA A FORMER KEY EMPLOYEE	(i)	299,811	0	35,475	8,301	22,340	365,927	0
	(ii)	0	0	0	0	0	0	0
GROVER DO MICHAEL L FORMER KEY EMPLOYEE	(i)	303,248	0	2,623	43,874	26,744	376,489	0
	(ii)	0	0	0	0	0	0	0
GRZYBOWSKI MD JOHN A FORMER KEY EMPLOYEE	(i)	379,827	0	10,060	43,046	24,129	457,062	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
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		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HAROLD MD KRISTI L FORMER KEY EMPLOYEE	(i)	538,182	0	49,749	38,192	16,127	642,250	0
	(ii)	0	0	0	0	0	0	0
HATTRUP MD STEVEN J FORMER KEY EMPLOYEE	(i)	721,833	0	123,420	11,037	22,155	878,445	0
	(ii)	0	0	0	0	0	0	0
HAYDEN MD RICHARD E FORMER KEY EMPLOYEE	(i)	510,928	0	176,425	5,606	20,546	713,505	0
	(ii)	0	0	0	0	0	0	0
JOHNSON MD C DANIEL FORMER KEY EMPLOYEE	(i)	653,030	0	149,318	11,000	20,838	834,186	0
	(ii)	0	0	0	0	0	0	0
KEAVENY MD ANDREW P FORMER KEY EMPLOYEE	(i)	608,653	0	69,743	41,275	28,955	748,626	0
	(ii)	0	0	0	0	0	0	0
KLEIS DO KEITH R FORMER KEY EMPLOYEE	(i)	274,844	0	6,028	41,470	18,026	340,368	0
	(ii)	0	0	0	0	0	0	0
LOMBARDI MD JOSEPH M FORMER KEY EMPLOYEE	(i)	367,022	0	14,866	62,624	19,882	464,394	0
	(ii)	0	0	0	0	0	0	0
MAGTIBAY MD PAUL M FORMER KEY EMPLOYEE	(i)	588,050	0	85,397	46,897	27,358	747,702	0
	(ii)	0	0	0	0	0	0	0
MARTIN DAVID L FORMER KEY EMPLOYEE	(i)	180,006	0	652	25,171	18,358	224,187	0
	(ii)	0	0	0	0	0	0	0
MCNEILL STEVEN L FORMER KEY EMPLOYEE	(i)	427,183	0	39,986	11,144	26,873	505,186	0
	(ii)	0	0	0	0	0	0	0
MESCHIA MD JAMES F FORMER KEY EMPLOYEE	(i)	351,614	0	18,303	43,872	28,958	442,747	0
	(ii)	0	0	0	0	0	0	0
MONEY MD SAMUEL R FORMER KEY EMPLOYEE	(i)	563,352	0	112,840	52,993	19,170	748,355	0
	(ii)	0	0	0	0	0	0	0
MORRISSEY MD JOHN E FORMER KEY EMPLOYEE	(i)	166,228	0	72,325	0	9,732	248,285	0
	(ii)	0	0	0	0	0	0	0
MUELLER MD JEFF T FORMER KEY EMPLOYEE	(i)	508,216	0	72,840	44,879	10,520	636,455	0
	(ii)	0	0	0	0	0	0	0
NESSE MD ROBERT E FORMER KEY EMPLOYEE	(i)	928,068	0	181,583	11,000	23,400	1,144,051	0
	(ii)	0	0	0	0	0	0	0
NOLTE DO CHARLES P FORMER KEY EMPLOYEE	(i)	736,098	0	108,373	39,649	22,502	906,622	0
	(ii)	0	0	0	0	0	0	0
NORBY MARK L FORMER KEY EMPLOYEE	(i)	279,993	0	616	34,393	15,844	330,846	0
	(ii)	0	0	0	0	0	0	0
NORDENG RODNEY L FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	193,490	0	2,634	31,899	22,640	250,663	0
RADEMACHER MD DANA E FORMER KEY EMPLOYEE	(i)	751,291	0	139,884	45,619	24,129	960,923	0
	(ii)	0	0	0	0	0	0	0
ROTTY BRIAN W FORMER KEY EMPLOYEE	(i)	243,142	0	1,621	39,974	26,315	311,052	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
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RYAN MICHAEL J FORMER KEY EMPLOYEE	(i)	418,522	0	39,109	11,172	28,366	497,169	0
	(ii)	0	0	0	0	0	0	0
SCHEFFEL JEFFREY G FORMER KEY EMPLOYEE	(i)	192,445	0	2,780	7,809	19,506	222,540	0
	(ii)	0	0	0	0	0	0	0
SCHILD MD STEVEN E FORMER KEY EMPLOYEE	(i)	612,197	0	88,818	48,260	10,750	760,025	0
	(ii)	0	0	0	0	0	0	0
SCHULZ MD JODI L FORMER KEY EMPLOYEE	(i)	569,737	0	12,694	43,586	29,792	655,809	0
	(ii)	0	0	0	0	0	0	0
SIRVEN MD JOSEPH I FORMER KEY EMPLOYEE	(i)	338,325	0	48,580	44,917	26,681	458,503	0
	(ii)	0	0	0	0	0	0	0
SLEGH KERI A FORMER KEY EMPLOYEE	(i)	178,763	0	37,584	25,986	25,853	268,186	0
	(ii)	0	0	0	0	0	0	0
STEVENS MD MARK K FORMER KEY EMPLOYEE	(i)	878,022	0	176,230	62,654	21,250	1,138,156	0
	(ii)	0	0	0	0	0	0	0
STEWART MD MICHAEL W FORMER KEY EMPLOYEE	(i)	683,228	0	107,742	54,587	20,835	866,392	0
	(ii)	0	0	0	0	0	0	0
SWANSON MD SCOTT K FORMER KEY EMPLOYEE	(i)	559,434	0	87,846	11,000	23,083	681,363	0
	(ii)	0	0	0	0	0	0	0
TERKONDA MD SARVAM P FORMER KEY EMPLOYEE	(i)	621,991	0	87,975	47,416	28,963	786,345	0
	(ii)	0	0	0	0	0	0	0
ULRICH MD MICHAEL D FORMER KEY EMPLOYEE	(i)	391,995	0	7,004	46,522	27,155	472,676	0
	(ii)	0	0	0	0	0	0	0
UY MD JONATHAN J FORMER KEY EMPLOYEE	(i)	581,037	0	104,305	42,113	25,862	753,317	0
	(ii)	0	0	0	0	0	0	0
WILLIAMS MD HUGH J FORMER KEY EMPLOYEE	(i)	521,828	0	123,542	11,000	20,542	676,912	0
	(ii)	0	0	0	0	0	0	0
YOUNG DO NATHAN P FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	347,150	0	4,355	35,667	26,677	413,849	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MAYO CLINIC GROUP RETURN

Employer identification number  
38-3952644

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	39-1337855	97670GAA7	04-10-2008	90,000,000	CONSTRUCTION OF HEALTH CARE FACILITIES		X		X		X
B INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF PHOENIX ARIZONA	52-2038405	71884SAA8	05-08-2014	180,000,000	CONSTRUCTION OF HEALTH CARE FACILITIES		X		X		X
C CITY OF JACKSONVILLE FLORIDA	59-6000344	469400BW4	05-03-2016	125,000,000	REFUND 2006 BONDS		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	26,915,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	92,530,169		180,002,359		125,000,000			
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .	7,644,961		39,404					
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	1,003,911		911,155					
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	83,881,297		179,051,800					
11	Other spent proceeds . . . . .					125,000,000			
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2010		2015		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X	X			
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		
16	Has the final allocation of proceeds been made? . . . . .	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X			X		X		

Part III Private Business Use (Continued)									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X	X			X		
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X				
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 870 %		1 040 %		0 250 %			
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 010 %		0 %		0 030 %			
<b>6</b>	Total of lines 4 and 5 . . . . .	0 880 %		1 040 %		0 280 %			
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X			

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b>	If "No" to line 1, did the following apply? . . . . .								
<b>a</b>	Rebate not due yet? . . . . .		X	X		X			
<b>b</b>	Exception to rebate? . . . . .		X		X		X		
<b>c</b>	No rebate due? . . . . .	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .		X	X		X			
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .								
<b>e</b>	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/05/2013

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (E) AND PART II, LINE 3	THE DIFFERENCES BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR BOND ISSUE "A" IS INVESTMENT EARNINGS THE DIFFERENCES BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR BOND ISSUE "B" IS INVESTMENT EARNINGS



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-3952644  
**Name:** MAYO CLINIC GROUP RETURN

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/05/2013
SCHEDULE K, PART I, COLUMN (E) AND PART II, LINE 3	THE DIFFERENCES BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR BOND ISSUE "A" IS INVESTMENT EARNINGS THE DIFFERENCES BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR BOND ISSUE "B" IS INVESTMENT EARNINGS

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MAYO CLINIC GROUP RETURN

Employer identification number  
38-3952644

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:  
Software Version:  
EIN: 38-3952644  
Name: MAYO CLINIC GROUP RETURN

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANDERSON KATHLEEN A	FAMILY MEMBER OF DIRECTOR GABRIELSON, SHARON R	139,355	EMPLOYMENT		No
ANIL STACI M	FAMILY MEMBER OF DIRECTOR ANIL M D , GOKHAN	29,737	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BODOH MONICA M	FAMILY MEMBER OF DIRECTOR GRENISEN M D , MARGARET M	95,622	EMPLOYMENT		No
BUNKERS MD KARI S	FAMILY MEMBER OF DIRECTOR BUNKERS M D , BRIAN E	344,566	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CADMAN KATHRYN A	FAMILY MEMBER OF DIRECTOR CADMAN, BERWYN	106,950	EMPLOYMENT		No
CANGEMI MD DAVID J	FAMILY MEMBER OF DIRECTOR CANGEMI M D , JOHN R	167,537	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHONG CATHERINE	FAMILY MEMBER OF FKE CHONG M D , BRIAN W	81,279	EMPLOYMENT		No
COCHRAN MD JOHN W	FAMILY MEMBER OF DIRECTOR GRENISEN M D , MARGARET M	13,496	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
COOPER MD JANE H	FAMILY MEMBER OF DIRECTOR COOPER M D , LESLIE T	175,543	EMPLOYMENT		No
CRAIG MELINDA G	FAMILY MEMBER OF KEY EMPLOYEE CRAIG, JASON E	67,802	EMPLOYMENT		No



Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DILLON CORISSA C	FAMILY MEMBER OF FKE DILLON, KEVIN R	52,122	EMPLOYMENT		No
EYTCHESON ALISA S	FAMILY MEMBER OF DIRECTOR PATSCHE, WANDA	169,531	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FLOM MURPHY MELISSA A	FAMILY MEMBER OF OFFICER MURPHY, JOSHUA B	48,365	EMPLOYMENT		No
GABRIELSON DONALD B	FAMILY MEMBER OF DIRECTOR GABRIELSON, SHARON R	171,796	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GADE MARNE J	FAMILY MEMBER OF FKE GADE, CHRIS W	152,527	EMPLOYMENT		No
GALINDEZ BRENDA K	FAMILY MEMBER OF OFFICER GALINDEZ JR , PETER	123,863	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GREENFIELD CLAIRE A	FAMILY MEMBER OF KEY EMPLOYEE JOHNSON M D , DANIEL J	79,581	EMPLOYMENT		No
GRUBER LISA J	FAMILY MEMBER OF DIRECTOR GRUBER, JOHN	42,538	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HANNA CORTNIE J	FAMILY MEMBER OF DIRECTOR CLARK, DIANE	97,233	EMPLOYMENT		No
HANSEN KATHERINE A	FAMILY MEMBER OF FKE MORRISSEY M D , JOHN E	174,853	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HERRMANN ANNA L	FAMILY MEMBER OF DIRECTOR HERRMANN M D , MARTIN J	30,943	EMPLOYMENT		No
HOFFMAN WILLIAM E	FAMILY MEMBER OF OFFICER HOFFMAN III, HARRY N	63,296	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHNSON THERESE A	FAMILY MEMBER OF FKE JOHNSON M D , C DANIEL	147,797	EMPLOYMENT		No
KASZANITS CAITLIN M	FAMILY MEMBER OF FKE SCHEFFEL, JEFFREY G	75,535	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KLINE AIMEE R	FAMILY MEMBER OF DIRECTOR GABRIELSON, SHARON R	125,316	EMPLOYMENT		No
KRUSE BEN MY	FAMILY MEMBER OF DIRECTOR KRUSE, JOSEPH J	92,951	EMPLOYMENT		No



Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LEGARE JENNIFER A	FAMILY MEMBER OF DIRECTOR LEGARE, GREG	152,067	EMPLOYMENT		No
LEWIS MD KRISTYN L	FAMILY MEMBER OF FKE SCHEFFEL, JEFFREY G	64,984	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LINDAHL ANNE M	FAMILY MEMBER OF DIRECTOR LINDAHL, ROGER A	81,608	EMPLOYMENT		No
LOMBARDI MD BEVERLY	FAMILY MEMBER OF FKE LOMBARDI M D , JOSEPH M	117,030	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LOMBARDI NATHANIEL J	FAMILY MEMBER OF FKE LOMBARDI M D , JOSEPH M	53,203	EMPLOYMENT		No
MAYER AMY L	FAMILY MEMBER OF FORMER OFFICER BROWN, MARIE E	113,352	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MAYER STANLEY D	FAMILY MEMBER OF FORMER OFFICER BROWN, MARIE E	114,083	EMPLOYMENT		No
MENKOSKY KYLE W	FAMILY MEMBER OF DIRECTOR MENKOSKY PAULA E	12,018	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MOLLING HEATHER M	FAMILY MEMBER OF DIRECTOR MOLLING D O , PAUL E	116,031	EMPLOYMENT		No
MORICE ELIZABETH M	FAMILY MEMBER OF DIRECTOR MORICE M D , WILLIAM G	19,606	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
NORDENG MARY C	FAMILY MEMBER OF FKE NORDENG, RODNEY L	21,426	EMPLOYMENT		No
PASCUAL THOMAS E	FAMILY MEMBER OF DIRECTOR PASCUAL M D , JORGE M	31,132	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PATEL LAURA M	FAMILY MEMBER OF FKE HATTRUP M D , STEVEN J	14,744	EMPLOYMENT		No
ROBARDS MD CHRISTOPHER B	FAMILY MEMBER OF DIRECTOR MCLAUGHLIN M D , SARAH A	585,469	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SHEPPARD ALAN R	FAMILY MEMBER OF DIRECTOR JOHNSON M D , MARGARET M	21,025	EMPLOYMENT		No
SMITH SARA N	FAMILY MEMBER OF OFFICER MELVIN, KEVIN B	22,477	EMPLOYMENT		No



Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TANER MD NILUFER	FAMILY MEMBER OF DIRECTOR TANER M D , BURCIN C	395,608	EMPLOYMENT		No
TRAUB NICOLE A	FAMILY MEMBER OF KEY EMPLOYEE TRAUB M D , STEPHEN J	81,572	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KWIK TRIP INC	ENTITY MORE THAN 35% OWNED BY SCOTT ZIETLOW, M D AND FAMILY MEMBERS	862,772	FUEL PURCHASE-ALL TRANSACTIONS ARE CONDUCTED AT AN ARMS LENGTH BASIS		No

**SCHEDULE N**  
**(Form 990 or 990-EZ)**

## Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

**Part I Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

[illegible]

**2** Did or will any officer, director, trustee, or key employee of the organization

**a** Become a director or trustee of a successor or transferee organization? . . . . .

**b** Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .

**c** Become a direct or indirect owner of a successor or transferee organization? . . . . .

**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . . . .

**e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►

	Yes	No
<b>2a</b>	Yes	
<b>2b</b>	Yes	
<b>2c</b>		No
<b>2d</b>		No

**Part I Liquidation, Termination, or Dissolution** (continued)**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

	Yes	No
<b>3</b> Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III . . . . .	<b>3</b> Yes	
<b>4a</b> Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . .	<b>4a</b> Yes	
<b>b</b> If "Yes," did the organization provide such notice? . . . . .	<b>4b</b> Yes	
<b>5</b> Did the organization discharge or pay all of its liabilities in accordance with state laws? . . . . .	<b>5</b> Yes	
<b>6a</b> Did the organization have any tax-exempt bonds outstanding during the year? . . . . .	<b>6a</b>	No
<b>b</b> If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	<b>6b</b>	
<b>c</b> If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III		

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.**

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Description of asset(s) distributed or transaction expenses paid	<b>(b)</b> Date of distribution	<b>(c)</b> Fair market value of asset(s) distributed or amount of transaction expenses	<b>(d)</b> Method of determining FMV for asset(s) distributed or transaction expenses	<b>(e)</b> EIN of recipient	<b>(f)</b> Name and address of recipient	<b>(g)</b> IRC section of recipient(s) (if tax-exempt) or type of entity	Yes	No
<b>2</b>	Did or will any officer, director, trustee, or key employee of the organization								
<b>a</b>	Become a director or trustee of a successor or transferee organization? . . . . .							<b>2a</b> Yes	
<b>b</b>	Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .							<b>2b</b> Yes	
<b>c</b>	Become a direct or indirect owner of a successor or transferee organization? . . . . .							<b>2c</b>	No
<b>d</b>	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . . . .							<b>2d</b>	No
<b>e</b>	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►								

**Part III**   **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
PART 1, LINE 2E	MCHS - FRANCISCAN HEALTHCARE, INC MERGED INTO MCHS - FRANCISCAN MEDICAL CENTER, INC EFFECTIVE 12/31/18 AS OF THE DATE OF THE MERGER, THE FOLLOWING OFFICERS AND DIRECTORS OF MCHS-FRANCISAN HEALTHCARE, INC WERE OR BECAME DIRECTORS OF MCHS-FRANCISAN MEDICAL CENTER, INC JOHNSON M D , TIMOTHY J KORDUCKI M D , JANE M KRUSE, JOSEPH J MOLLING D O , PAUL E MUELLER M D , PAUL S AS OF THE DATE OF THE MERGER, THE FOLLOWING OFFICERS AND DIRECTORS OF MCHS-FRANCISAN HEALTHCARE, INC WERE OR BECAME EMPLOYEES OF MCHS-FRANCISAN MEDICAL CENTER, INC COSTAKOS M D , DENNIS T JOHNSON M D , TIMOTHY J KORDUCKI M D , JANE M MOLLING D O , PAUL E KRUSE, JOSEPH JPOVERELLO FOUNDATION MERGED INTO MAYO CLINIC EFFECTIVE 12/31/18 AS OF THE DATE OF THE MERGER, THE FOLLOWING OFFICER OF POVERELLO FOUNDATION WAS ALREADY AN EMPLOYEE OF MAYO CLINIC HAEFLINGER, RICKY J

Additional Data

Software ID:  
Software Version:  
EIN: 38-3952644  
Name: MAYO CLINIC GROUP RETURN

Form 990, Schedule N, Part I - Liquidation, Termination or Dissolution

1	(a) Description of asset(s) distributed or transactional expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transactional expenses	(d) Method of determining FMV for asset(s) distributed or transactional expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or typeof entity
	INVESTMENTS	12-31-2018	791,841	BOOK VALUE AT DATE OF MERGER	39-0806374	MCHS - FRANCISCAN MEDICAL CENTER INC  700 WEST AVENUE SOUTH LA CROSSE, WI 54601	501(C)(3)
	OTHER ASSETS	12-31-2018	1,600,000	BOOK VALUE AT DATE OF MERGER	39-0806374	MCHS - FRANCISCAN MEDICAL CENTER INC  700 WEST AVENUE SOUTH LA CROSSE, WI 54601	501(C)(3)
	RECEIVABLES	12-31-2018	674,269	BOOK VALUE AT DATE OF MERGER	41-6011702	MAYO CLINIC  200 FIRST STREET SW ROCHESTER, MN 55905	501(C)(3)
	INVESTMENTS	12-31-2018	44,511,402	BOOK VALUE AT DATE OF MERGER	41-6011702	MAYO CLINIC  200 FIRST STREET SW ROCHESTER, MN 55905	501(C)(3)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
MAYO CLINIC GROUP RETURN

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

38-3952644

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 3	TWO OF THE ENTITIES WITHIN THE MAYO CLINIC GROUP MERGED AT THE END OF THE TAX YEAR THERE IS NO SIGNIFICANT CHANGE IN HOW PROGRAM SERVICES ARE BEING CONDUCTED

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	<p>THE FOLLOWING INDIVIDUALS, WHO ARE LISTED IN PART VII AS A CURRENT OFFICER, DIRECTOR, TRUSTEE OR KEY EMPLOYEE, HAVE A BUSINESS RELATIONSHIP WITH ONE OR MORE OF THE OTHER INDIVIDUALS HERE LISTED BECAUSE ONE IS EMPLOYED BY A RELATED TAX EXEMPT ORGANIZATION FOR WHICH THE OTHER SERVES AS AN OFFICER, DIRECTOR, OR TRUSTEE ADLEMAN, BREEANN M , ANIL M D , GOKHAN, BAKKUM-GAMEZ, M D , JAMIE N , BECKER, JOHN, BOLTON, JEFFREY W , BRANDT, TERRY L , BROLSMA, GREG, BROWN M D , MICHAEL J , BROWN, WILLIAM A , BUSKIRK M D , STEVEN J , CANGEMI M D , JOHN R , CASLER M D , JOHN D , CIMA M D , ROBERT R , CIOTA M D , MARK R , COOPER M D , LESLIE T , COSTAKOS M D , DENNIS T , CRAIG, JASON E , CRANE M D , SARAH J , CROCKETT, ERIC D , CROSS III M D , WILLIAM W , DAHLEN, DENNIS E , DECKER M D , WYATT W , DEVAULT M D , KENNETH R , DRUCKER, PAUL E , EBERLE, MICHELE R , FARRUGIA M D , GIANRICO, FRANCIS, JAMES R , FRAITZKE, JASON J , FREDERICK, RYANNON K , FROISLAND, JEFFREY R , GALINDEZ JR , PETER, GORES M D , GREGORY J , GOSTOUT M D , BOBBIE S , GUDGELL, STEPHEN F , HAKAIM M D , ALBERT G , HANSEN, JULIE S , HARPER JR , M D , CHARLES M , HEBL M D , JAMES R , HELMERS M D , RICHARD A , HINES M D , STEPHANIE L , HOFFMAN III, HARRY N , HOLTZ M D , CAROL P , HUBERT, SHERRY L , JOHNSON M D , MARGARET M , JOHNSON M D , TIMOTHY J , JOHNSON, CARLA J , KLIMP, MARY J , KORDUCKI M D , JANE M , KRUSE, JOSEPH J , LIMBURG M D , PAUL J , LIMPER M D , ANDREW H , LINDAHL, ROGER A , LINDBERG, STEVEN J , LOCKETT, KEVIN M , MCLAUGHLIN M D , SARAH A , MELVIN, KEVIN B , MENKOSKY, PAULA E , MEYER M D , FREDRIC B , MEYERS, ANN M , MOLLING D O , PAUL E , MORICE M D , WILLIAM G , MORREY, MICHAEL A , MORRIS M D , MARIE E , MUELLER M D , PAUL S , MURPHY, JOSHUA B , NARR M D , BRADY J , NELSON M D , HEIDI, NORDRUM, CHARLOTTE J , NOSEWORTHY M D , JOHN H , OTLEY M D , CLARK C , PARKER PH D , ALEXANDER S , PARKS, DOUGLAS A , PASCUAL M D , JORGE M , PATEL M B , TUSHAR C , PEARSON M D , SUSAN E , POWELL III M D , RALPH, PRIEST, WILLIAM F , QUINONES-HINOJOSA M D , ALFREDO, RIAL M D , CHARANJIT S , ROBELIA M D , PAUL M , RUSTAD, CHRISTOPHER D , SADOSTY M D , ANNIE T , SANDEEN, DARRELL L , SANDGREN, KENT A , SANTRACH M D , PAULA J , SHARMA M B B S , MANISH S , SHERRILL, TODD E , TANER M D , BURCIN C , THORESON, SCOTT D , WALD M D , JOHN T , WEBER, JOAN A , WEIS, CAROL, WHITED M D , BRIAN L , WILLIAMS M D , AMY W , WILLIAMSON, MARY J , YTTTERBERG M D , KAREN L , ZIETLOW M D , SCOTT P , ZORN, CHRISTINA K , ***** MATTHIAS, MARK A , GABRIELSON, SHARON R , JOHNSON M D , TIMOTHY J , YTTTERBERG M D , KAREN L , KNUDSON , STEVE L , KRUSE, JOSEPH J , HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF HEALTH TRADITION HEALTH PLAN, A RELATED TAXABLE ENTITY LOHKAMP, CHRISTIE A , LINDAHL, ROGER A , HUBERT, SHERRY L , HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO CLINIC SUPPORT SERVICES, TEXAS, A RELATED TAXABLE ENTITY MENKOSKY, PAULA E</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	, FROISLAND, JEFFREY R , ADLEMAN, BREEANN M , HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION, A RELATED TAXABLE ENTITY DAHLEN, DENNIS E , MATTHIAS, MARK A , LINDAHL, ROGER A , MURPHY, JOSHUA B , HUBERT, SHERRY L , GABRIELSON, SHARON R , HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO HOLDING COMPANY, A RELATED TAXABLE ENTITY DAHLE N, DENNIS E , HOFFMAN III, HARRY N , FROISLAND, JEFFREY R , HAVE A BUSINESS RELATIONSHIP A S THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO INSURANCE COMPANY, LTD, A RELATED TAXABLE ENTITY ROGERS, JAMES A , ESTES, DANIEL D , BOLTON, JEFFREY W , WILLIAMSON, MARY J , HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF RESO UNDANT, INC, A RELATED TAXABLE ENTITY HELMERS M D , RICHARD A , MORREY, MICHAEL A , LINDB ERG, STEVEN J , HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRU STEE OF MCHS--PHARMACY & HOME MEDICAL, INC, A RELATED TAXABLE ENTITY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	MAYO CLINIC, MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH AND OTHER RELATED COMPANIES PROVIDE MANAGEMENT SERVICES TO THE ENTIRE SYSTEM OF ENTITIES SINCE THE ENTITIES ARE RELATED ORGANIZATIONS, COMPENSATION FOR THE OFFICERS, DIRECTORS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES HAS BEEN DISCLOSED IN PART VII AND SCHEDULE J AS REQUIRED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	MAYO CLINIC AMBLUBLANCE SERVICE AMENDED ITS ARTICLES OF INCORPORATION TO CHANGE ITS LEGAL NAME FROM GOLD CROSS AMBULANCE SERVICE TO MAYO CLINIC AMBULANCE SERVICE MAYO CLINIC HEALTH SYSTEM-FRANCISCAN MEDICAL CENTER, INC AMENDED ITS ARTICLES OF INCORPORATION AND BYLAWS CHANGES WERE RELATED TO THE NUMBER, COMPOSITION, QUALIFICATIONS, AUTHORITY AND DUTIES OF THE GOVERNING BODY'S VOTING MEMBERS, ALONG WITH VOTING APPROVAL REQUIREMENTS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF EACH SUBORDINATE IN THE MAYO CLINIC GROUP RETURN ARE MAYO CLINIC AND/OR A SUBORDINATE OF MAYO CLINIC IN ADDITION, MCHS-FRANCISCAN HEALTHCARE HAS THE CONGREGATION OF SISTERS OF THE THIRD ORDER OF ST FRANCIS OF PERPETUAL ADORATION AS AN ADDITIONAL MEMBER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	IN MOST CASES, THE SUBORDINATE'S GOVERNING BODIES ARE ELECTED, NOMINATED, DESIGNATED, APPOINTED, APPROVED AND/OR CONFIRMED BY MAYO CLINIC AND/OR A SUBORDINATE OF MAYO CLINIC IN THE CASE OF MCHS-FRANCISCAN HEALTHCARE, THE CONGREGATION OF SISTERS OF THE THIRD ORDER OF ST FRANCIS OF PERPETUAL ADORATION (AS A MEMBER) WOULD BE INVOLVED IN MAKING APPOINTMENTS TO THE GOVERNING BODY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ARTICLES AND/OR BYLAWS PROVIDE THE CORPORATE MEMBER OR MEMBERS POWER IN AREAS SUCH AS COMPENSATION, CAPITAL, BUDGET, DEBT, AND APPROVAL OF AMENDMENTS TO THE ARTICLES AND BYLAWS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE FILING ORGANIZATION HAS NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY MAYO CORPORATE TAX WITH ASSISTANCE FROM ACCOUNTING STAFF THE TAX RETURN WENT THROUGH TWO LEVELS OF REVIEW WITHIN THE CORPORATE TAX UNIT (INCLUDING REVIEW BY THE TAX DIRECTOR) A COPY OF THE FORM 990 WAS THEN PROVIDED TO EACH MEMBER OF THE GOVERNING BODY VIA U S MAIL, E-MAIL, OR DISTRIBUTION AT A BOARD MEETING ALL QUESTIONS WERE ADDRESSED PRIOR TO FILING THE FORM 990



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>MAYO CLINIC AND ITS AFFILIATES HAVE A COMPREHENSIVE CONFLICT OF INTEREST POLICY APPLICABLE TO ALL OF THE AFFILIATED ENTITIES AND TO ALL DIRECTORS, OFFICERS, AND EMPLOYEES OF THOSE ENTITIES ALL CURRENT AND FORMER OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES WHO WE ANTICIPATE WILL BE LISTED ON A FORM 990 ARE ASKED TO COMPLETE AN "ANNUAL TAX AND COMPLIANCE DISCLOSURE" FORM THIS INFORMATION IS REVIEWED BY BOTH THE CORPORATE TAX DEPARTMENT AND THE OFFICE OF CONFLICT OF INTEREST REVIEW ALL DISCLOSURES OF CURRENT OR PROPOSED ACTIVITY THAT REQUIRE ACTION UNDER THE POLICY ARE THE SUBJECT OF ONGOING REVIEW AND ACTION THROUGH THE OFFICE OF CONFLICT OF INTEREST REVIEW AND THE CONFLICT OF INTEREST REVIEW BOARD INVOLVED INDIVIDUALS ARE INFORMED OF ALL REQUIRED ACTION MANY TYPES OF RELATIONSHIPS THAT COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED OTHER TYPES OF RELATIONSHIPS ARE PERMITTED SUBJECT TO COMPLIANCE WITH THE MANAGEMENT PLAN ESTABLISHED BY THE CONFLICT OF INTEREST REVIEW BOARD A COMMON MANAGEMENT STRATEGY FOR PERMITTED ACTIVITIES IS TO REQUIRE BILATERAL RECUSAL AND APPROPRIATE DOCUMENTATION IN THE MINUTES OF MAYO CLINIC (AND/OR AFFILIATE) AND THE OUTSIDE ENTITY ADDITIONAL CONFLICT OF INTEREST POLICIES AND PROCEDURES EXIST FOR CERTAIN ENTITIES CONCERNING RESEARCH CONTRACTS AND OTHER TYPES OF POTENTIAL CONFLICTS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE FILING ORGANIZATION IS AN AFFILIATE OF MAYO CLINIC. MAYO CLINIC AND ITS AFFILIATES HAVE A COORDINATED PROCESS FOR REVIEWING AND APPROVING COMPENSATION AND BENEFITS FOR EXECUTIVE LEADERSHIP, PHYSICIANS, SCIENTISTS, ATTORNEYS, AND SENIOR ADMINISTRATIVE LEADERSHIP, ALONG WITH ALLIED HEALTH STAFF. IN ADDITION TO ANY REVIEW AND APPROVAL THAT MAY TAKE PLACE AT THE LOCAL ENTITY OR REGIONAL LEVEL, THE FOLLOWING INDEPENDENT APPROVAL PROCESS OCCURS ANNUALLY PRIOR TO IMPLEMENTATION OF THE RESPECTIVE COMPENSATION INCREASE. THE COMPENSATION AND BENEFITS OF THE CHIEF EXECUTIVE OFFICER (CEO) AND THE CHIEF ADMINISTRATIVE OFFICER (CAO) OF MAYO CLINIC WERE REVIEWED AND APPROVED BY THE PROCESS DESCRIBED BELOW FOR EXECUTIVE LEADERSHIP. THE COMPENSATION AND BENEFITS OF EXECUTIVE LEADERSHIP, PHYSICIANS, SCIENTISTS, ATTORNEYS, AND SENIOR ADMINISTRATIVE FOR ALL CAMPUSES, INCLUDING THE MAYO CLINIC HEALTH SYSTEM LOCATIONS, ARE REVIEWED AND APPROVED BY THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING COMMITTEE. THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING COMMITTEE IS COMPRISED OF NINE OF THE EXTERNAL INDEPENDENT MEMBERS OF THE MAYO CLINIC BOARD OF TRUSTEES. THIS GROUP REVIEWS AND APPROVES THE COMPENSATION AND BENEFIT PROGRAMS FOR EXECUTIVE LEADERSHIP, PHYSICIANS, SCIENTISTS, ATTORNEYS AND CERTAIN SENIOR ADMINISTRATIVE LEADERSHIP FROM ALL CAMPUSES (INCLUDING ALL PERSONS BELIEVED TO BE DISQUALIFIED PERSONS). THIS PROCESS ESTABLISHES ACCEPTABLE RANGES FOR VARIOUS POSITIONS, LEVELS, AND SPECIALTIES. THE COMMITTEE USES COMPARABILITY DATA (INCLUDING THIRD-PARTY BENCHMARKING SURVEYS) IN ITS REVIEW AND DOCUMENTS DECISIONS IN ITS MINUTES. IN ADDITION, THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING COMMITTEE DIRECTLY RETAINS AN INDEPENDENT THIRD-PARTY COMPENSATION CONSULTANT TO PROVIDE RELEVANT, CONTEMPORANEOUS BENCHMARK INFORMATION FOR A SMALL GROUP OF EXECUTIVE LEADERSHIP AND SENIOR PHYSICIAN POSITIONS FOR WHICH AN INDIVIDUALIZED REVIEW AND RECOMMENDATION IS MADE.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS FOR THE SUBORDINATES WITHIN THIS RETURN ARE NOT AVAILABLE TO THE PUBLIC THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST AND ALSO ON THE MAYOCLINIC ORG WEBSITE SOME OF THE SUBORDINATES WITHIN THIS GROUP RETURN ARE HOSPITALS AFFILIATED WITH MAYO CLINIC AS SUCH, MAYO CLINIC'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THE FILING ORGANIZATION'S FORM 990 AND WOULD BE AVAILABLE UPON REQUEST OF THE FORM 990

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	I/C PURCHASED SERVICES PROGRAM SERVICE EXPENSES 1,514,237,928 MANAGEMENT AND GENERAL EXPENSES 368,581,164 FUNDRAISING EXPENSES 407,174 TOTAL EXPENSES 1,883,226,266 OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 313,976,447 MANAGEMENT AND GENERAL EXPENSES 169,054,750 FUNDRAISING EXPENSES 13,890 TOTAL EXPENSES 483,045,087

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION-POST RETIREMENT 9,301,717 LOSS ON UNCOLLECTIBLE PLEDGES -13,647

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
LIST OF AFFILIATED ORGANIZATIONS NOT INCLUDED IN GROUP RETURN	BLOOMER LAKEVIEW, INC 39-1450617 2110 DUNCAN ROAD, BLOOMER, WI 54724

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SCHEDULE B	CONTRIBUTIONS REPORTED ON SCHEDULE B ARE ON A GROUP BASIS WITH THE DOLLAR AND PERCENTAGE THRESHOLDS APPLIED AT THE SUBORDINATE LEVEL. THESE THRESHOLDS INCLUDE THE GREATER OF \$5,000 OR 2% OF TOTAL CONTRIBUTIONS FOR SECTION 501(C)(3) ORGANIZATIONS DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI). FOR PURPOSES OF SCHEDULE B, MAYO CLINIC JACKSONVILLE AND MAYO CLINIC ARIZONA REPORTED CONTRIBUTIONS USING THE 2% THRESHOLD. CONTRIBUTIONS FOR ALL OTHER SUBORDINATES WERE DETERMINED USING THE \$5,000 THRESHOLD.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MAYO CLINIC GROUP RETURN

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number  
38-3952644

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> FRANKLIN HEATING STATION 200 FIRST STREET SW ROCHESTER, MN 55905 41-0264830	UTILITY	MN	MAYO CLINIC	EXCLUDED	104	8,388,763		No		Yes		15 950 %
<b>(2)</b> LATIGO PETROLEUM LLC PO BOX 14230 ODESSA, TX 79768 36-4767494	OIL & GAS EXPLORATION	DE	N/A									

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

b

Gift, grant, or capital contribution to related organization(s) . . . . .

c

Gift, grant, or capital contribution from related organization(s) . . . . .

d

Loans or loan guarantees to or for related organization(s) . . . . .

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k

Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l

Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-3952644

Name: MAYO CLINIC GROUP RETURN

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
50 SOUTH SIXTH STREET SUITE 1500 MINNEAPOLIS, MN 554021498 46-4893585	ECONOMIC DEVELOPMENT	MN	501(C)(3)	12-I	MAYO CLINIC	Yes	
200 FIRST STREET SW ROCHESTER, MN 55905 41-6011702	PATIENT CARE - CLINIC	MN	501(C)(3)	10	N/A	Yes	
60486 FRANKFURT AM MAIN FRANKFURT GM	FUNDRAISING FOUNDATION	GM			MFMER	Yes	
200 FIRST STREET SW ROCHESTER, MN 55905 41-2020392	SUPPORT RESEARCH, PRACTICE & EDUCATION	MN	501(C)(3)	12-I	MAYO CLINIC	Yes	
329 N MAIN ST SUITE 102L AUSTIN, MN 55912 41-0694716	FUNDRAISING FOUNDATION	MN	501(C)(3)	12-I	N/A		No
PO BOX 14580 JACKSON, WY 830024580 26-3002560	FUNDRAISING FOUNDATION	WY	501(C)(3)	12-I	N/A		No
404 WEST FOUNTAIN ST ALBERT LEA, MN 56007 41-1989509	FUNDRAISING FOUNDATION	MN	501(C)(3)	12-III-FI	N/A		No
PO BOX 521 LA CROSSE, WI 546020521 45-0998178	FUNDRAISING FOUNDATION	WI	501(C)(3)	12-I	N/A		No
108 NORTH MAIN STREET AUSTIN, MN 55912 41-1749842	FUNDRAISING FOUNDATION	MN	501(C)(3)	12-I	N/A		No
PO BOX 5628 MINNEAPOLIS, MN 554405628 41-1978254	FUNDRAISING FOUNDATION	MN	501(C)(3)	12-I	N/A		No
PO BOX 2578 JACKSONVILLE, FL 322032578 59-6669745	CHARITABLE TRUST	FL	501(C)(3)	12-I	N/A		No

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BWL HOLDINGS INC 1209 ORANGE STREET WILMINGTON, DE 19801 47-2413749	OIL & GAS EXPLORATION	DE	N/A	C				Yes	
(1) BAIN CAPITAL CREDIT CLO 2017-2 LTD (FKA CAVALRY CLO III LTD) PO BOX 1093 GT QUEENSGATE HOUSE S GRAND CAYMAN CJ	INVESTMENT ACTIVITIES	CJ	N/A	C				Yes	
(2) CAVALRY CLO IV LTD PO BOX 1093 GT QUEENSGATE HOUSE S GRAND CAYMAN CJ	INVESTMENT ACTIVITIES	CJ	N/A	C				Yes	
(3) GMO GLOBAL BOND INVESTMENT FUND 78 SIR JOHN ROGERSONS QUAY DUBLIN EI	OTHER FINANCIAL INVESTMENT ACTIVITIES	EI	N/A	C				Yes	
(4) HEALTH TRADITION HEALTH PLAN 1808 EAST MAIN STREET ONALASKA, WI 54650 39-1545987	MEDICAL SERVICES COMPANY	WI	N/A	C				Yes	
(5) MAYO CLINIC SUPPORT SERVICES TEXAS 200 FIRST STREET SW ROCHESTER, MN 55905 47-1751102	HEALTH SERVICES	TX	N/A	C				Yes	
(6) MAYO CLINIC UK LTD 3 MORE LONDON RIVERSIDE LONDON UK	INVESTMENT ACTIVITIES	UK	N/A	C				Yes	
(7) MAYO HOLDING COMPANY 200 FIRST STREET SW ROCHESTER, MN 55905 41-1578020	HOLDING COMPANY	MN	N/A	C				Yes	
(8) MAYO INSURANCE COMPANY LTD 200 FIRST STREET SW ROCHESTER, MN 55905	SELF INSURANCE POOL	CJ	N/A	C				Yes	
(9) MCHS--DECORAH CLINIC PHYSICIANS 907 MONTGOMERY STREET DECORAH, IA 52101 41-1711329	PATIENT CARE - CLINIC	IA	N/A	C				Yes	
(10) MCHS--PHARMACY & HOME MEDICAL INC 1221 WHIPPLE STREET EAU CLAIRE, WI 54703 39-1528920	PHARMACY SERVICES	WI	N/A	C				Yes	
(11) RESOUNDANT INC 421 1ST AVE SW SUITE 204W ROCHESTER, MN 55902 46-1661978	MANUFACTURING MEDICAL DEVICE COMPONENT	MN	MFMER	C	4,167,322	3,798,110	59 860 %	Yes	
(12) ROCHESTER AIRPORT COMPANY 200 FIRST STREET SW ROCHESTER, MN 55905 41-0506870	AIRPORT MANAGEMENT	MN	N/A	C				Yes	
(13) SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION 13400 E SHEA BLVD SCOTTSDALE, AZ 85259 86-0870505	COMMERCIAL PROPERTY OWNERS ASSOCIATION	AZ	MAYO CLINIC ARIZONA	C			93 000 %	Yes	
(14) THE STABILE BUILDING OWNERS' ASSOCIATION 200 FIRST STREET SW ROCHESTER, MN 55905 20-8994499	COMMERCIAL PROPERTY OWNERS ASSOCIATION	MN	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) CHARITABLE LEAD TRUST	CHARITABLE TRUST	CA	N/A	T				Yes	
(1) PERPETUAL TRUST	CHARITABLE TRUST	ND	N/A	T				Yes	
(2) PERPETUAL TRUST	CHARITABLE TRUST	LA	N/A	T				Yes	
(3) PERPETUAL TRUST (2)	CHARITABLE TRUST	MA	N/A	T				Yes	
(4) PERPETUAL TRUST	CHARITABLE TRUST	MO	N/A	T				Yes	
(5) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	AZ	N/A	T				Yes	
(6) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	N/A	T				Yes	
(7) CHARITABLE REMAINDER TRUST (8)	CHARITABLE TRUST	FL	N/A	T				Yes	
(8) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MA	N/A	T				Yes	
(9) CHARITABLE REMAINDER TRUST (86)	CHARITABLE TRUST	MN	N/A	T				Yes	
(10) CHARITABLE REMAINDER TRUST (3)	CHARITABLE TRUST	NC	N/A	T				Yes	
(11) CHARITABLE REMAINDER TRUST (2)	CHARITABLE TRUST	NV	N/A	T				Yes	
(12) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	TX	N/A	T				Yes	
(13) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	N/A	T				Yes	
(14) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	FL	N/A	T				Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	IL	N/A	T				Yes	
(1) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MI	N/A	T				Yes	
(2) CHARITABLE REMAINDER TRUST (50)	CHARITABLE TRUST	MN	N/A	T				Yes	
(3) CHARITABLE REMAINDER TRUST (7)	CHARITABLE TRUST	MN	N/A	T				Yes	
(4) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	WI	N/A	T				Yes	



**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	CHARTERHOUSE INC	L	1,126,213	GAAP
<b>(1)</b>	GOLD CROSS AMBULANCE SERVICE	A	34,260	GAAP
<b>(2)</b>	HEALTH TRADITION HEALTH PLAN	A	42,188	GAAP
<b>(3)</b>	MAYO CLINIC ARIZONA	L	9,549,996	GAAP
<b>(4)</b>	CHARTERHOUSE INC	Q	22,158,681	GAAP
<b>(5)</b>	MCHS-PHARMACY & HOME MEDICAL INC	S	1,716,724	GAAP
<b>(6)</b>	FRANKLIN HEATING STATION	P	710,832	GAAP
<b>(7)</b>	MCHS--NORTHWEST WISCONSIN REGION INC	S	207,330	GAAP
<b>(8)</b>	GOLD CROSS AMBULANCE SERVICE	M	1,698,513	GAAP
<b>(9)</b>	MCHS-LAKE CITY	S	1,966,770	GAAP
<b>(10)</b>	MCHS-FRANCISCAN HEALTHCARE INC	B	33,527,186	GAAP
<b>(11)</b>	MAYO CLINIC ARIZONA	C	107,879	GAAP
<b>(12)</b>	MAYO CLINIC FLORIDA	L	35,796,097	GAAP
<b>(13)</b>	MAYO CLINIC ARIZONA	M	231,669	GAAP
<b>(14)</b>	MAYO CLINIC ARIZONA	Q	1,260,175,368	GAAP
<b>(15)</b>	MAYO CLINIC ARIZONA	R	4,600,815	GAAP
<b>(16)</b>	MCHS-PHARMACY & HOME MEDICAL INC	L	163,028	GAAP
<b>(17)</b>	MAYO CLINIC HEALTH SYSTEMSOUTHEAST MINNESOTA REGION	L	8,187,250	GAAP
<b>(18)</b>	MAYO CLINIC UK LTD	Q	11,958,043	GAAP
<b>(19)</b>	GOLD CROSS AMBULANCE SERVICE	Q	43,129,758	GAAP
<b>(20)</b>	MAYO CLINIC ARIZONA	B	214,947	GAAP
<b>(21)</b>	MAYO CLINIC HEALTH SYSTEMSOUTHWEST MINNESOTA REGION	L	2,848,912	GAAP
<b>(22)</b>	MAYO CLINIC HOSPITAL - ROCHESTER	M	298,606	GAAP
<b>(23)</b>	FRANKLIN HEATING STATION	Q	33,311,186	GAAP
<b>(24)</b>	MAYO CLINIC HOSPITAL - ROCHESTER	P	18,100,642	GAAP

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b>	MAYO CLINIC HOSPITAL - ROCHESTER	Q	1,357,345,837	GAAP
<b>(1)</b>	MAYO CLINIC HOSPITAL - ROCHESTER	R	12,794,073	GAAP
<b>(2)</b>	MAYO CLINIC HOSPITAL - ROCHESTER	S	64,094	GAAP
<b>(3)</b>	MCHS-FRANCISCAN MEDICAL CENTER INC	C	33,527,186	GAAP
<b>(4)</b>	MAYO CLINIC JACKSONVILLE	C	402,485	GAAP
<b>(5)</b>	MAYO CLINIC HOSPITAL - ROCHESTER	L	16,632,196	GAAP
<b>(6)</b>	HEALTH TRADITION HEALTH PLAN	Q	3,116,916	GAAP
<b>(7)</b>	MAYO CLINIC JACKSONVILLE	Q	801,625,610	GAAP
<b>(8)</b>	MAYO CLINIC JACKSONVILLE	R	1,750,004	GAAP
<b>(9)</b>	MAYO HOLDING COMPANY	L	27,129,657	GAAP
<b>(10)</b>	MAYO CLINIC JACKSONVILLE	L	9,421,452	GAAP
<b>(11)</b>	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	M	44,103,358	GAAP
<b>(12)</b>	MAYO HOLDING COMPANY	Q	1,648,628	GAAP
<b>(13)</b>	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	P	5,767,806,173	GAAP
<b>(14)</b>	MAYO CLINIC FLORIDA	Q	515,224,137	GAAP
<b>(15)</b>	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	R	937,778	GAAP
<b>(16)</b>	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	S	22,217,963	GAAP
<b>(17)</b>	MAYO CLINIC FLORIDA	R	819,475	GAAP
<b>(18)</b>	HEALTH TRADITION HEALTH PLAN	L	1,230,862	GAAP
<b>(19)</b>	RESOUNDANT INC	L	690,177	GAAP
<b>(20)</b>	MCHS--DECORAH CLINIC PHYSICIANS	Q	8,603,519	GAAP
<b>(21)</b>	MAYO CLINIC HEALTH SYSTEMSOUTHEAST MINNESOTA REGION	Q	460,274,597	GAAP
<b>(22)</b>	MAYO CLINIC HEALTH SYSTEMSOUTHEAST MINNESOTA REGION	R	2,965,369	GAAP
<b>(23)</b>	MAYO CLINIC HEALTH SYSTEMSOUTHEAST MINNESOTA REGION	S	148,896	GAAP
<b>(24)</b>	MCHS-ST JAMES	L	183,001	GAAP

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(51)</b>	MAYO CLINIC FLORIDA	C	200,000,000	GAAP
<b>(1)</b>	MCHS-FAIRMONT	L	859,182	GAAP
<b>(2)</b>	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	L	456,272	GAAP
<b>(3)</b>	MCHS-FRANCISCAN MEDICAL CENTER INC	L	2,378,093	GAAP
<b>(4)</b>	MAYO CLINIC FLORIDA	M	662,473	GAAP
<b>(5)</b>	MCHS-LAKE CITY	L	1,136,965	GAAP
<b>(6)</b>	MCHS-FRANCISCAN HEALTHCARE INC	Q	12,635,619	GAAP
<b>(7)</b>	MCHS--NORTHWEST WISCONSIN REGION INC	Q	645,383,824	GAAP
<b>(8)</b>	MCHS--NORTHWEST WISCONSIN REGION INC	R	807,588	GAAP
<b>(9)</b>	MMSI INC	Q	51,775	GAAP
<b>(10)</b>	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	B	91,679	GAAP
<b>(11)</b>	MCHS--NORTHWEST WISCONSIN REGION INC	M	4,517,784	GAAP
<b>(12)</b>	MCHS--NORTHWEST WISCONSIN REGION INC	L	6,847,257	GAAP
<b>(13)</b>	MCHS-ST JAMES	Q	17,110,696	GAAP
<b>(14)</b>	MCHS-FRANCISCAN MEDICAL CENTER INC	Q	373,663,268	GAAP
<b>(15)</b>	MCHS-FRANCISCAN MEDICAL CENTER INC	R	410,064	GAAP
<b>(16)</b>	MCHS-FRANCISCAN MEDICAL CENTER INC	M	244,909	GAAP
<b>(17)</b>	MCHS-PHARMACY & HOME MEDICAL INC	Q	55,768,502	GAAP
<b>(18)</b>	MCHS-LAKE CITY	Q	32,321,421	GAAP
<b>(19)</b>	GOLD CROSS AMBULANCE SERVICE	L	236,146	GAAP
<b>(20)</b>	MAYO CLINIC HEALTH SYSTEMSOUTHWEST MINNESOTA REGION	S	161,510	GAAP
<b>(21)</b>	MAYO CLINIC HEALTH SYSTEMSOUTHWEST MINNESOTA REGION	Q	472,198,306	GAAP
<b>(22)</b>	MAYO CLINIC HEALTH SYSTEMSOUTHWEST MINNESOTA REGION	R	322,454	GAAP
<b>(23)</b>	MCHS-PHARMACY & HOME MEDICAL INC	M	141,167	GAAP
<b>(24)</b>	MCHS-LAKE CITY	M	536,038	GAAP

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	MAYO CLINIC HEALTH SYSTEMSOUTHEAST MINNESOTA REGION	M	2,478,149	GAAP
(1)	CHARTERHOUSE INC	M	2,918,831	GAAP
(2)	MCHS-PHARMACY & HOME MEDICAL INC	P	473,505	GAAP
(3)	MCHS--NORTHWEST WISCONSIN REGION INC	P	46,992,935	GAAP
(4)	MCHS-FRANCISCAN MEDICAL CENTER INC	P	94,040	GAAP
(5)	MCHS-LAKE CITY	P	398,224	GAAP
(6)	MAYO CLINIC HEALTH SYSTEMSOUTHEAST MINNESOTA REGION	P	49,764,078	GAAP
(7)	MCHS-ST JAMES	S	1,378,452	GAAP
(8)	MAYO CLINIC HEALTH SYSTEMSOUTHWEST MINNESOTA REGION	P	18,604,734	GAAP
(9)	MCHS-FAIRMONT	Q	67,510,294	GAAP
(10)	MCHS-FRANCISCAN MEDICAL CENTER INC	S	407,478	GAAP
(11)	MCHS--NORTHWEST WISCONSIN REGION INC	B	182,596	GAAP
(12)	MAYO CLINIC HEALTH SYSTEMSOUTHWEST MINNESOTA REGION	M	3,284,842	GAAP
(13)	MAYO CLINIC FLORIDA	S	38,696,757	GAAP
(14)	MCHS-FAIRMONT	S	5,721,561	GAAP